Alzheimer's Society Safeguarding Adults Policy and Procedure

Policy and procedure apply to:		Employees: All	Volunteers: All
		Contractors: All	Other: non defined
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Contents – hold CTRL on your keyboard and click on the relevant section within the contents page and you will automatically be taken to that part of the document.

Contents

1. What you need to know

1.1 Policy statement:

Alzheimer's Society (the Society) is committed to working in ways which promote the freedom and the dignity of those it comes into contact. Fundamental to this is the safeguarding of those who might be vulnerable, no matter whether they are children or adults. This policy outlines our commitment to the safeguarding of adults at risk. Our commitment to children and young people is covered in our Children's Safeguarding Policy and Procedure.

The Society recognises that safeguarding is everyone's responsibility. We take a proactive approach to preventing harm, abuse, neglect, and exploitation by embedding safeguarding into our policies, training, and daily practice. We foster a culture where safeguarding is openly discussed, concerns are taken seriously, and appropriate action is taken to protect those at risk. Through multi-agency collaboration, quality training, and strong internal processes, we strive to provide services that are safe and effective.

This policy outlines how we embed national safeguarding legislation, guidance, and best practice frameworks across the organisation. Legislation and guidance across the three nations may vary but the principles of good safeguarding practice are the same.

1.2 Policy objectives

The policy seeks to ensure that everyone involved with the Society:

- Understands their responsibility to protect adults at risk in all areas of our activities.
- Knows what to do if they are concerned about the welfare of an adult at risk or are concerned about the behaviour of others towards an adult at risk.
- Knows where to go for advice and support if they are not sure about any aspect of protecting an adult at risk.

2. Best practice in safeguarding

2.1 Adult Safeguarding Principles

The six principles of Adult Safeguarding are:

1. EMPOWERMENT

Empowerment enables people to be confident in making their own decisions and giving informed consent. The proper support has to be in place for individuals to have a choice and control over the decisions that they make.

2. PROTECTION

Proper support and representation have to be there should anyone need it. The Society has to take measures to help stop any abuse from taking place (as well as detecting and reporting abuse) and offer help and support to those who are already at risk.

3. PREVENTION It is critical to try and take precautionary actions before any harm ever takes place. The primary objective here is to prevent harm, neglect or abuse. Some of the ways that can demonstrate prevention measures are:

- Raising awareness

- Training the staff
- Making information easily accessible

4. PROPORTIONALITY

Any issue that comes up should be dealt with in the least intrusive manner. This means proportionality has to be present to make sure no parties are left stranded to fend for their own. This ensures that services take each person into account when dealing with abuse. They will respect each individual and assess any risks presented.

5. PARTNERSHIPS

One of the crucial things to do is to form partnerships with local communities so they can coordinate in creating solutions. Their assistance in preventing and detecting signs of abuse cannot be overlooked. Partnerships allow organisations to work together with each other, as well as with the local community.

6. ACCOUNTABILITY

There should always be accountability and complete transparency in delivering safeguarding practice. Safeguarding is something that every single person takes part in. Accountability ensures that everyone contributes to their role when it comes to safeguarding vulnerable people. Everyone is accountable for their actions as individuals, services, and organisations.

2.2 Making safeguarding personal

Making safeguarding personal means putting the person at the heart of safeguarding, making sure we listen to what they want and what matters to them. By making safeguarding personal, we ensure safeguarding is not just about protecting individuals from harm but about supporting them to live the life they choose, with dignity and respect.

2.3 Advocacy

If someone struggles to participate in conversations about their safety, they have a statutory right to advocacy, which the local authority can arrange. Our people will consider a referral to advocacy if the person is having difficulty understanding, retaining, weighing up or communicating information; and if they do not have someone appropriate who can support them.

2.4 Working in partnership with health and social care

We work closely with local authorities, health, and social care partners to ensure a coordinated approach to safeguarding. This includes engaging with Safeguarding Adults Boards (SABs), contributing to multi-agency strategies, and participating in case reviews. We collaborate in safeguarding meetings to assess risks and agree on appropriate support, ensuring timely referrals when concerns arise. Information is shared responsibly, balancing confidentiality with our duty to protect individuals, in line with national and local safeguarding protocols. Strong partnerships help us prevent harm and respond effectively to safeguarding concerns.

2.5 Think Family Approach

Alzheimer's Society takes a Think Family approach to safeguarding, recognising that risks and protective factors exist within family and community networks rather than in isolation. This means that when safeguarding concerns arise about a child, we also consider the needs and

circumstances of parents, carers, and other family members, particularly where there are additional vulnerabilities such as domestic abuse, mental health difficulties, or substance misuse.

Where appropriate, we will work in partnership with other agencies to ensure a coordinated and holistic response. This approach helps to break cycles of harm and build long-term family resilience.

3. Who does this policy apply to?

This policy applies to all staff and volunteers at the Society, including freelance staff and contractors. Everyone has a role to play in safeguarding and the Society expects everyone to take responsibility for good safeguarding practices and behaviours.

The Society expects all our partners to share the same commitment to safeguarding adults at risk and we expect them to have their own safeguarding policy and procedures in place which meet safeguarding requirements to a safe standard.

4. Roles and responsibilities

We all have a responsibility to:

- Know and work within this policy framework to safeguard adults at risk including a duty to report safeguarding concerns.
- Promote safe practices by being an excellent role model; positively involve people in developing safe practices wherever possible and report any concerns swiftly using the mechanisms in this policy.
- Encourage open communication by treating all people equally with respect and dignity and share information appropriately with others and within the law.

4.1 Safeguarding governance

The Society's Board of Trustees is accountable for ensuring that the Society has appropriate structure, processes, and resources in place to ensure safeguarding is central to all the organisation does, and for monitoring compliance. As part of fulfilling their duties, trustees must take reasonable steps to protect from harm, people who come into contact with the Society. This includes:

- People who benefit from the Society's work
- Staff
- Volunteers
- Involvement participants (Dementia Voice Partners)
- Other people who come into contact with the Society through its work

Lines of accountability for safeguarding throughout the Society are detailed below:

- **Senior Accountable Officer:** Chief Executive Officer
- **Strategic Lead for Safeguarding:** Executive Director of Dementia Support and Partnerships
- **Senior Lead for Safeguarding:** Associate Director of Practice and Compliance.
- **Designated Safeguarding Lead:** Head of Safe Practice

- **Caldicott Guardian:** Associate Director of Practice and Compliance; Head of Quality Practice and Insight
- **Safeguarding roles and responsibilities:** please refer to Appendix 1 for detail and information

4.2 Line managers

Line managers are responsible for monitoring and embedding safeguarding practice within the activities of their team, including staff and volunteers. Examples of how this can be achieved include:

- Safeguarding must be a standing item in regular supervision
- Promote a safeguarding culture where staff and volunteers feel confident raising concerns
- Cultivate a learning culture, using audits and service reviews to strengthen awareness.
- Monitor learning and support your team to complete safeguarding training.
- Quality assurance
- Support and de-briefing

Alzheimer's Society is a learning led organisation. One-to-one meetings should be scheduled regularly, consistently, and take place at least every six weeks.

In Dementia Support and Partnerships, we use Reflective Practice as both a debriefing tool and to support continuous learning and improvement in safeguarding practice. By taking this structured approach, we ensure that safeguarding responses are informed, thoughtful, and continuously evolving to provide the best possible support.

5. Definitions and key concepts

5.1 What is adult safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse, neglect or harm. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. Safeguarding encompasses both preventative measures and protective actions.

5.2 Protection and Prevention

Protection involves responding to and managing situations where abuse or neglect has already occurred or is suspected. Protective measures must include:

- Discussing concerns about abuse or neglect with the adult at risk
- Sharing safeguarding concerns with the internal Safeguarding Team.
- The Safeguarding Team sharing information with relevant statutory agencies

Prevention is a proactive measure taken to stop abuse, neglect or harm from occurring in the first place. It is better to act before harm occurs. This might include:

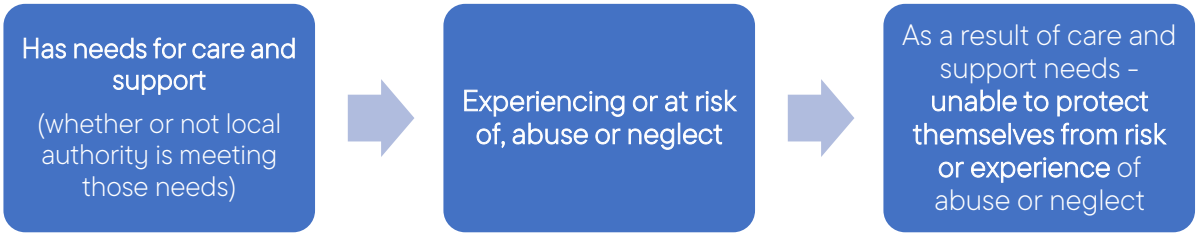
- Considering safeguarding measures when organising an event

- Signposting to support agencies, such as the GP
- Referring to local services for a care needs assessment
- Agreeing support when attending a group

5.3 Definition of an adult at risk

5.3.1 England and Wales

An adult at risk is defined as someone over 18 who:



There may be occasions when someone is aged 18 or over but is still receiving children's services (for example a disabled young person who is in a residential educational setting until aged 25, or a care leaver) and a safeguarding issue is raised. These matters should be dealt with through adult safeguarding arrangements.

5.3.2 Care and support needs

Care and support needs describes the support a person may need with activities of daily living such as cooking, cleaning or personal care, getting to work or being part of the community. Care and support include the help given by family and friends, as well as any support provided by the Council or other organisations.

5.3.3 Northern Ireland

The term 'safeguarding' is used in the widest sense, that is, to encompass both activity which prevents harm from occurring, and protects adults at risk where harm has occurred termed as 'adults in need of protection.'

An adult in need of protection is:

Personal characteristics may include but are not limited to age, disability, special educational needs, illness, physical frailty, or impairment of, or disturbance in the functioning of the mind or brain.

Life circumstances may include but are not limited to isolation, socio–economic factors or environmental living conditions.

For ease of reference, this policy will use the term 'adults at risk' when describing either the term 'adults in need of protection' (Northern Ireland) or 'adults at risk' (England and Wales).

5.4 What is Abuse or Neglect

Abuse is any behaviour that causes harm or distress to someone, exploits them or infringes on their rights. That could be an action, lack of action, intentional or unintentional. All forms of abuse require a safeguarding response to ensure the safety and well-being of the adult at risk.

Abuse can take many forms. It isn't always obvious. Some abuse, such as coercive, manipulative, or negligent behaviour, is more easily hidden. Incidents of abuse may be one-off or multiple and affect one person or more. Some people may not even recognise they are being abused.

Repeated instance of poor care may be an indication of more serious problems and in order to identify these patterns it is important that information is recorded and appropriately shared.

Neglect is the failure to meet a person's basic needs, physically or emotionally. Examples include not providing enough food, shelter, medical care, or protection from harm. Neglect doesn't have to be intentional.

Please refer to Appendix 3 for Types of Abuse: Definitions and Possible Signs and Indicators.

5.6 Modern Slavery

If you have a concern that a volunteer, employee or third-party contractor may be a victim or perpetrator of modern slavery, you need to refer the matter directly to the Head of Safe Practice (and in their absence notify the Safeguarding Case Manager) who will take appropriate action, as required. Please refer to Appendix 3 for types of modern slavery abuse and the Modern Slavery and Trafficking policy on Arena.

5.7 Domestic abuse

Domestic abuse takes place between partners or family members aged 16 or over. It could cover any different types of abuse, such as physical or sexual. It also includes coercive control. Coercive control is a form of abuse involving a pattern of behaviours designed to maintain power or control over a partner or family member; it can manifest in various ways, including financial or emotional control, isolation, threats, leading to the victim feeling fearful, dependent and isolated.

We must always consider if there is a child in the house. Children who witness domestic abuse are also considered victims.

5.8 Non-recent abuse

It can take many years for survivors of abuse to come forward for many different reasons; shame, fear of not being believed, and difficulty in communicating or expressing the abuse. However, the alleged perpetrator may remain a risk to others and so all non-recent allegations must be examined. Regardless of the length of time that has occurred since the abuse took place, whether involving anyone from the Society or outside of it such as partnerships/those working on behalf of the Society should still be taken seriously and acted upon in line with the Society's safeguarding policies and procedures. The Safeguarding Team will work in partnership with the police and/or local authority in such cases.

5.9 Concerns relating to other organisations

If you witness or a concern is disclosed within an external organisation, you must still refer your concern to the Safeguarding Team. Do not assume that the other organisation will take action. Even if they explain the action they intend to take, you must still inform the Safeguarding Team, who will liaise with the organisation and any other relevant statutory agencies as required. This applies also in the case of concerns identified in a care home, in a hospital and other locations.

5.10 Online Safeguarding Concerns

This may relate to concerns relating to illegal, inappropriate, or harmful content, such as sexual images, bullying, grooming and exploitation, self-harm or suicide. If you have any online safeguarding concerns these should be referred to the Safeguarding Team. As an organisation we are compliant with the requirements of the Online Safety Act 2023.

5.11 Suicidal Ideation

If someone discloses that they are thinking about suicide, and they have made a plan or they have the means to kill themselves (e.g. stockpile of medication) you must report this to the Safeguarding Team immediately. Consider factors that could increase the risk, such as whether they have

previously attempted suicide or misuse drugs / alcohol. If someone is expressing suicidal ideation and you are uncertain of the risk, contact the Safeguarding team.

Exploring someone's feelings, does not increase their risk—it can in fact provide relief by showing that someone cares. If someone expresses suicidal thoughts, approach them with empathy and express your concern. Ask clear but sensitive questions to determine whether they intend to act on their feelings, including whether they've made specific plans or have access to means. Find out if they've spoken to anyone else, such as a GP, and what support they have. If the risk is immediate, contact emergency services. If not, discuss whether they can call their GP or consent to us doing so. Ensure they are aware of support available through Samaritans, Mind, or NHS 111 (option 2), and explore whether they would be willing to reach out if needed. Further guidance on conversations about suicide can be found in the Responding to Safeguarding Queries Concerns or Statements.docx. The Society's Practice Learning Team also provide an eLearning module called Suicidal Conversations in Practice .

5.12 Assisted Dying

Assisted dying is when an adult, usually someone who is terminally ill, has chosen to be helped to die by a health professional. The Society provides clear guidance in our assisted dying policy. If someone is reading, thinking or talking about assisted dying without putting any plans in place, and has no prior suicide attempts or you have no other concerns, then you don't need to make a safeguarding referral. If, however, they have registered with Dignitas or are about to do so, you must contact the Safeguarding Team.

6. Prevent strategy – radicalisation & extremism

6.1 Definition of Prevent

The Prevent duty is part of the UK government's counter-terrorism strategy. It requires organisations, including charities, to help safeguard individuals from being drawn into terrorism or extremist activities.

6.2 Purpose of Prevent

Prevent is about early intervention and protecting vulnerable people, just like other safeguarding responsibilities. Those at risk may also be experiencing isolation, exploitation, or mental health issues, so concerns should be handled with great sensitivity.

6.3 Recognising signs of radicalisation

Prevent has been criticised for disproportionately affecting certain communities, particularly Muslim and ethnic minority groups. It is crucial that we approach this responsibility with compassion, fairness, and cultural sensitivity.

To ensure Prevent is applied ethically and without bias:

- **Decisions should always be based on safeguarding principles**, not assumptions or stereotypes.
- **Concerns must be proportionate**—a person expressing religious or political beliefs is not, in itself, a cause for concern.
- **We must challenge discrimination**—if concerns are raised in a way that appears biased or unfair, we have a responsibility to address this.

6.4 Prevent duties

While cases linked to radicalisation may be rare, we still have a duty to:

- **Recognise signs of vulnerability –** such as individuals being influenced by extremist views or expressing concerning beliefs.
- **Act if there are concerns** – if someone appears at risk of radicalisation, we must follow safeguarding procedures just as we would for any other risk.
- **Share concerns appropriately** – information should be reported to the Safeguarding Team, who will decide whether to escalate to Channel, the government's support programme for individuals at risk of radicalisation.

If you suspect someone is at risk of radicalisation, follow our standard safeguarding process and report your concerns.

7. Recognising abuse or neglect

7.1 Who abuses and neglects adults?

Abuse can be perpetrated by anyone, including those in positions of trust, authority, or close personal relationships. Those who abuse adults may include:

- spouses/partners
- other relatives and family members
- neighbours, friends, acquaintances
- other residents or service users attending the same support service
- strangers, including those people who deliberately befriend vulnerable people in order to exploit them
- paid staff, professionals, volunteers
- those providing or overseeing care services
- paid or unpaid carers

7.2 Where can abuse and neglect of adults happen?

Abuse and neglect can happen anywhere: for example, in someone's own family and home, in a public place, online, on the phone, in the workplace, in a hospital, in a care home or in an educational setting. It can take place when an adult lives alone or with others.

7.3 When you may encounter an adult at risk

Our people are likely to become aware of a safeguarding concern in one of two ways. Either you will observe something, or someone will make a disclosure. Disclosures can come from the adult at risk or a third party. The examples below illustrate how we may come into contact with an adult at risk when working or volunteering with the Society. This list is not exhaustive:

7.4 Events

Concerns may be raised further to any public events, workshops, whilst meeting network volunteers or any other event where we engage with people who live with dementia and/or their carers and families. E.g., an adult visitor attending an event reported to be acting erratically, displaying suicidal thoughts, or aggressive behaviour towards others.

If witnessing a potential safeguarding concern at an event, in addition to the standard safeguarding process you must notify the Event Lead.

7.4.1 Unsolicited/solicited contact

We may be contacted directly by an adult at risk via email/social media/other digital means or other forms of communication, in response to the content of one of our campaigns.

7.4.2 Home visits

Our Dementia Advisers could become concerned about an adult being at risk of harm or self-neglect during a home visit.

7.4.3 Recognising abuse or neglect

Our people must always be vigilant for signs and symptoms of abuse. Recognising the warning signs equips us to prevent harm and support those affected. Recognising these signs and symptoms early is essential to safeguard the adult at risk. There are some obvious indicators that may be present in any type of abuse, such as:

- signs of distress, anger, anxiety or depression
- subdued or changed behaviour, especially around a particular person
- disturbed sleep, nightmares
- changes in eating habits, unexpected weight loss or gain
- illness that could relate to stress (e.g. frequent headache)

Different abuse types have more specific indicators - these are listed in appendix 3.

8. Responding when you suspect abuse or neglect

8.1 Initial response to a disclosure

If an adult discloses information to you about their own experience of abuse or neglect it is important that you tell them that you cannot keep this confidential and that you have a duty to report. This may be a disclosure of recent or non-recent abuse.

It is important that you:

- remain calm and do not show shock or disbelief
- listen carefully to what is being said
- do not ask detailed, probing, or leading questions
- tell them that you take what they are saying seriously
- tell them what you are going to do next and that you will only tell people who you think need to know
- tell them that when you have spoken to someone, they will be told what is going to happen next, and
- make a full and written record of what has been said/heard as soon as possible.

8.2 Immediate danger

If the adult is in immediate danger or requires medical attention, you **must** contact the police or ambulance services on 999 or seek immediate medical attention. Once you have done that, refer

the matter to the Safeguarding Team as soon as possible, by emailing safeguarding@alzheimers.org.uk or by contacting the Safeguarding Concern Line **0208 049 9290.** Follow this up by submitting a safeguarding concern via the person/profile page on CRS.

8.3 Notifying the Safeguarding team

If there is no immediate danger and you are a CRS user, please submit a safeguarding concern via the person/profile page on CRS. Full guidance can be found on our Arena pages.

Non-CRS users – if you do not use CRS and there is no immediate danger, please complete the Society's safeguarding reporting form which you can download on our Arena pages and email this to safeguarding@alzheimers.org.uk

Volunteers should notify the Safeguarding Team by contacting the Safeguarding concern line on 0208 049 9290. You can refer to our Safeguarding for Volunteers factsheet.

8.4 Notifying the Safeguarding team of death of service user and external review

If you become aware of the death of a service user, please inform the Safeguarding via an email to safeguarding@alzheimers.org.uk or contact the team over the telephone if you are not sure.

Any request for information relating to a statutory review should be shared in the first instance with the Safeguarding Team who will undertake the coordination of the sharing of relevant information and learning.

9. Allegations or concerns relating to staff, contractors, third party suppliers, volunteers, involvement participants or ambassadors

If you have concerns about the behaviour of a person - who is working/volunteering for, or representing, the Society - towards a child or adult at risk, you must speak to the Head of Safe Practice, or if unavailable, the Safeguarding Team immediately. You may be concerned that someone working for, volunteering for, or representing, the Society:

- is behaving, or has behaved, in such a way that an adult at risk has been harmed or may be harmed
- may possibly have committed a criminal offence against an adult at risk
- has behaved towards an adult at risk in a way that makes you think they may pose a risk of harm to others – including other adults or children
- behaves in a way that compromises the reputation and ability of the Society to safeguard adults at risk.

Examples of such behaviour (not exhaustive) could be:

- contravening or continuing to contravene any safe practice guidance for working with individuals.
- exploiting or abusing a position of trust and/or power or consistently demonstrating a failure to understand or appreciate how their own actions could adversely impact upon the safety and wellbeing of adults at risk.

- exhibiting an inability to make sound professional judgements which safeguard the welfare of adults at risk.
- failing to understand or recognise the need for clear personal and professional boundaries in their work.
- or behaving in such a way that it seriously undermines the trust and confidence placed in them by the Society.

Please refer to the flowcharts in Appendix 5 for more detail on the process.

Allegations or concerns about the practice or behaviour of staff or volunteers will be managed by following the Managing Safeguarding allegations and Low-Level concerns relating to the Employees and Volunteers process.

Under the Care Act 2014, a 'person in a position of trust' (PiPoT) is an employee, volunteer, or student, paid or unpaid, who works with adults with care and support needs, and allegations against them require a specific process.

In addition, where the concern relates to the behaviour of adults towards children, the Safeguarding team will notify **the Local Authority Designated Officer (LADO)** in line with Working Together to Safeguard Children.

10. Whistleblowing

Safeguarding concerns or allegations that relate to the way the Society manages its safeguarding duties at an organisational level can also be reported via the Whistleblowing policy and procedures.

11. Reporting concerns about an Adult at Risk

11.1 What the Safeguarding Team do

The Safeguarding Team is the central support team whose purpose is to promote safeguarding knowledge and best practices across the Society. It does so by being a single point of contact for the management of safeguarding concerns and allegations. Please refer to Appendix 4 for the Safeguarding Team's Service Specification.

Once you have shared your concern with the Safeguarding Team, they will decide what the next course of action should be, and they will be responsible for taking actions forward if the concerns relate to child safeguarding, or if it is suspected that concerns relate to an 'adult at risk'. The principle of this is that early sharing of information is the key to providing an effective response where there are emerging concerns.

A course of action may include:

- a discussion is held with the adult at risk to explore with them the way forward
- a referral is made to a statutory agency such as the police, adults safeguarding services in the local authority, children's services in the local authority where an adult at risk is a parent of a child
- a discussion is held with the carer of the adult at risk or the agency/institution that the adult attends for services

- advice is sought from a statutory agency regarding next steps, and guidance sought regarding whether to seek consent to share information, make a referral or any other case specific matter.

In the case of a partner organisation, the Safeguarding Team may liaise with them to ensure appropriate action is taken.

If the allegation is about the behaviour of a person working or volunteering for, associated with or representing, the Society a separate process will be followed as per Appendix 5.

11.3 Referrals to the Charity Commission

The Charity Commission will need to be informed of any suspicions, allegations and incidents of abuse or mistreatment that fall under the definition of serious incident. Please refer any such concerns and allegations to the Safeguarding Team who will then manage and escalate this appropriately. Please refer to the Safeguarding Serious Incident Procedure on Arena for the definition of serious incidents and more information.

11.4 Referrals to the Disclosure and Barring Service

If a safeguarding allegation is raised against a member of staff or volunteer of the Society, consideration will be given as to whether they are able or allowed to continue in this role depending on the outcome or any enquiries. If it is concluded that the individual should no longer be engaged in activity with adults, then the Head of Safe Practice will refer this individual to the Disclosure and Barring Service for consideration to bar the person from working with children or adults at risk.

11.5 Local Authority statutory safeguarding reviews

A Safeguarding Adult Review is a review – lead by a local authority in England and Wales – for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adults' cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected.

A Domestic Abuse Related Death Review is a review – lead by a local authority in England and Wales – of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were or had been in an intimate personal relationship, or a member of the same household as themselves, held with a view to identifying the lessons to be learnt from the death.

The Northern Ireland Adult Safeguarding Board initiates safeguarding Adult and Domestic Abuse Related Death Reviews following a process equivalent to England and Wales.

The Society commits to work openly, transparently, and support any request to be a participant and/or share information as part of a statutory review process initiated by a local authority.

Any request for information relating to a statutory review should be shared in the first instance with the Safeguarding Team who will undertake the coordination of the sharing of relevant information and learning. The Safeguarding Team will undertake an internal learning review of any such case at the point of notification.

11.6 Care regulator

When safeguarding concerns arise in a care setting, the Safeguarding team will consider if a referral to the relevant care regulator is appropriate. When considering whether the named adult at risk has capacity and consents to the concern being shared, additional consideration will be given to others who may potentially be at risk in the same setting. Referring to the care regulator allows a wider picture of care practices to be formed and feeds into wider prevention.

11.7 Modern Slavery

If you have concerns about someone who may be a potential victim of modern slavery, you must immediately inform the Safeguarding Team. The Safeguarding Team will then make a referral to the National Referral Mechanism (NRM). This will also notify the Home Office. Additional referrals may also be required including the Police or Adult Social Care for example, depending on the circumstances.

12. Record-keeping and information sharing

12.1 Recording of information

It is essential that the Society maintains clear and comprehensive records of any concerns or allegations of actual or suspected abuse, which should detail the actions that were taken, discussions, and the outcomes.

The importance of ensuring that accurate, up to date and clear records are:

- To prevent an unnecessary re-investigation if an allegation or concern resurfaces in the future.
- Provide clarity in a situation where a future criminal records check reveals information from a police investigation that an allegation was made against a person, but did not result in a prosecution or conviction.
- To provide information to statutory services in the event of a statutory safeguarding review, case conference or court proceedings.
- To be able to provide accurate information in response for any future request for a reference for a member of staff or volunteer.
- To provide information and evidence should a decision be made to refer a person for consideration to be barred from working with children or young people
- To support the Society with best standard practices for their policies and procedures

12.2 Best practice rules when recording safeguarding information

- Recording should always be objective
- The records must reflect the language that is used by the person making the allegation or raising a concern. It should not be altered or amended in any way
- Recording of a safeguarding concern or allegation should be made within 24 hours of receiving the information

12.3 Retention rules concerning safeguarding concerns or allegations

The general rule where concerns or allegations have been raised relating to an Adult at Risk should be kept in their personnel file for 25 years. All other safeguarding allegations and concerns should be kept for 25 years. This applies to all paid staff and volunteers.

13. Confidentiality and consent

13.1 Information sharing

Sharing of information as part of safeguarding practice is covered under the common law duty of confidentiality and numerous legislation and statutory guidance.

Staff/volunteers and anyone else engaging on behalf of the Society must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is experiencing or at risk of abuse or neglect, and/or is a risk to themselves or another, rather than assume someone else will do so. They must share the information with the Safeguarding Team following the processes outlined in 8.3 above.

13.2 Confidentiality

Confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. Sharing relevant information with the right people at the right time is vital to good safeguarding practice.

13.3 Consent

Adults at risk provide sensitive information and have a right to expect that the information that they directly provide, and information obtained from others will be treated respectfully and that their privacy will be maintained. Whenever possible, informed consent to the sharing of information should be obtained. However:

- No consent is required to share and discuss safeguarding concerns or allegations with the Society's Safeguarding Team.
- The Safeguarding Team will reach out directly to the referrer if consent to disclose has not been provided.
- The Safeguarding Team will share information only on a 'need to know' basis when it is in the interests of the adult. In accordance with Data Protection legislation, they will try and gain the consent of the adult to share information.
- If an adult refuses to consent to information being disclosed for safeguarding purposes, then the Safeguarding Team must consider whether there is an overriding public interest that would justify information sharing (for example, because there is a risk that others are at risk of serious harm).
- These decisions will be taken on a case-by-case basis and in some instances, it may be appropriate for the allocated Safeguarding Officer to seek advice from the local authority whilst initially keeping the details of the adult anonymous.

13.4 Data protection

Whether information is shared with or without the adult at risk's consent, the information-sharing process should abide by the principles of the Data Protection Act 2018. In those instances, where the person lacks the mental capacity to give informed consent, employees and volunteers should always bear in mind the requirements of the Mental Capacity Act 2005, and whether sharing it will be in the person's best interest.

The Data Protection Act 2018 should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

14. Mental capacity

The Mental Capacity Act 2005 (England and Wales) and the Mental Capacity Act 2016 (Northern Ireland) provide statutory frameworks to empower and protect people who may lack capacity to make decisions including guidance regarding making decisions on their behalf.

14.1 Capacity assessments

Our staff do not carry out formal capacity assessments in the way that social workers or medical professionals do. However, there may be situations where we need to consider a person's ability to make a specific decision at a specific time. For example, if a person living alone with dementia is self-neglecting and refuses support, we may need to determine whether they have the capacity to make that decision.

14.2 Best interest decisions

If we have reasonable cause to believe that someone lacks the capacity to make a decision about their safety needs, we must make a best-interest decision. Further guidance can be found within the Mental Capacity Act Policy and Procedures.

15. Training, learning & development

Alzheimer's Society ensures that all staff, volunteers, and relevant contracted partners have the knowledge and confidence to safeguard adults at risk. We recognise that safeguarding training is essential in building a culture of vigilance, prevention, and appropriate response.

15.1 Training requirements

- **Mandatory training** – all new staff, volunteers and contractors, must complete safeguarding awareness training as part of their induction, ensuring they understand their responsibilities and how to report concerns.

- **Role-specific training** – additional safeguarding training is provided based on an individual's role, responsibilities, and level of contact with adults at risk. This includes enhanced training for those in frontline roles or positions of trust; specialist training for line and role managers; and enhanced training for designated safeguarding leads.

- **Refresher training** – Safeguarding training must be regularly updated in line with best practice and legal requirements. All staff are required to undertake core Safeguarding learning every 3 years.

15.2 Training standards and compliance

All training incorporates learning from safeguarding adult reviews, case law, and emerging best practice, and aligns with national safeguarding frameworks, including:

  - The UK Core Skills Training Framework (Skills for Health).
  - National Safeguarding Training Standards (Social Care Wales).
  - Learning and Development Framework (Safeguarding Board for Northern Ireland)

Compliance with training requirements is monitored through audits, supervision, and annual reporting.

16. Corporate safeguarding responsibilities

16.1 Safer recruitment

Building a culture of safeguarding depends on our ability to encourage a commitment to safeguarding amongst all those who join the organisation. This process begins with recruitment. We demonstrate our commitment to safeguarding by:

- Ensuring all Recruiting Managers have received training on safer recruitment
- Including a statement about our commitment to safeguarding in all job adverts
- Including specific safeguarding questions in interviews for roles which have direct contact with children and adults in communities
- Completing appropriate criminal record checks and requesting two references on all staff and volunteers
- Safeguarding training is a compulsory part of the induction process for all new starters including to our Trustees
- Incorporating compliance with safeguarding in all employment and volunteering agreements

Please refer to the Safer Recruitment Policy of the Society's People Team for detailed information on the process to follow during recruitment.

16.2 Due diligence with external partners

The Society is committed to entering in partnerships and sub-contractual relationships with safe organisations. This means that we take all appropriate steps to ensure that organisations that we subcontract to undertake a service on our behalf, who enter in partnership with us, or who utilise our brand, have adequate measures in place to prevent harm and to respond effectively if safeguarding issues do arise.

We will ensure this by undertaking safeguarding due diligence before entering in any contractual or other relationship with third parties.

Document details

Author/Owner:	Head of Safe Practice
Sponsor:	Associate Director of Practice and Compliance
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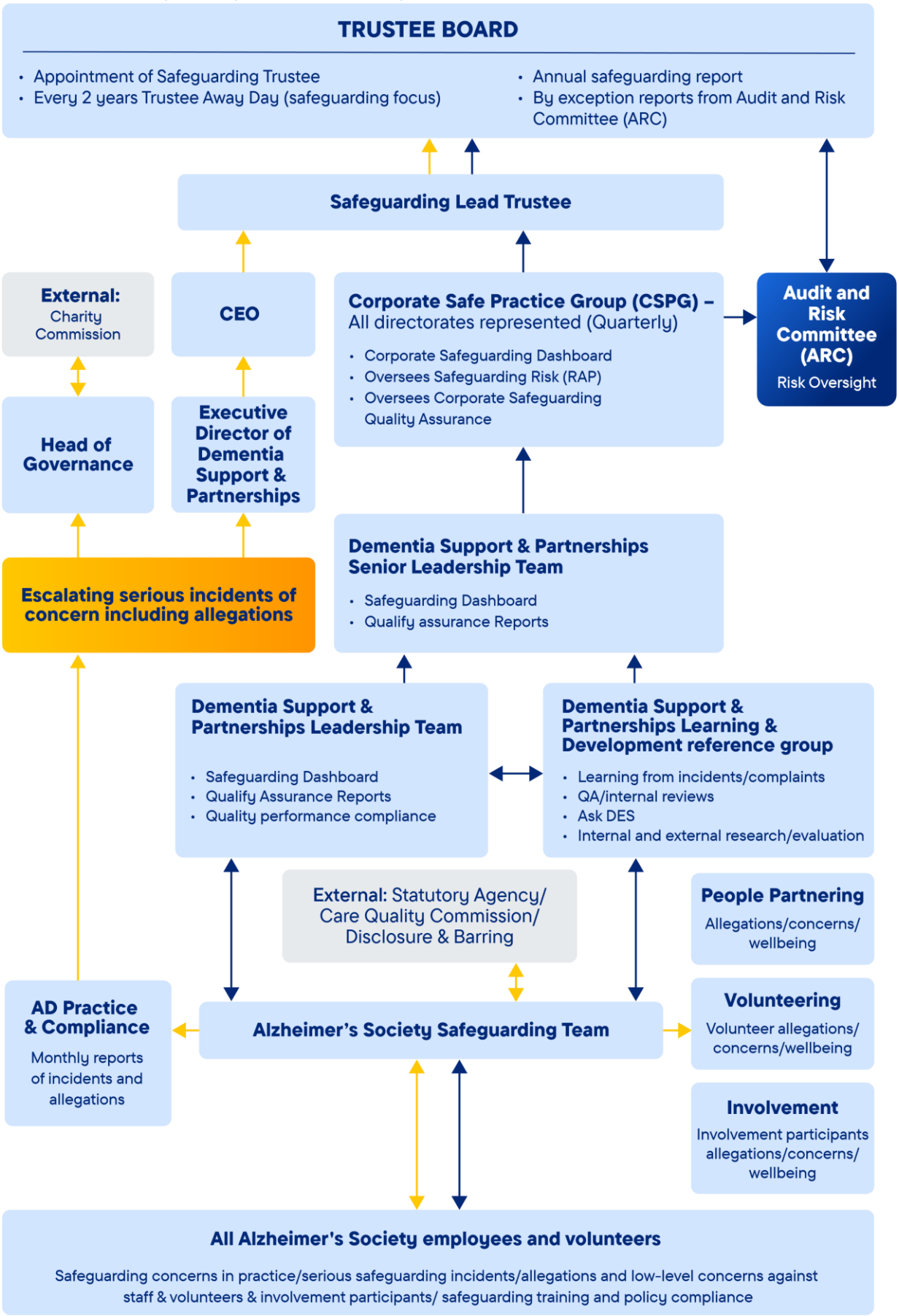
Appendix 1: Safeguarding roles and responsibilities

Board of Trustees	Alzheimer's Society Trustees are accountable for ensuring that the organisation has appropriate structures, processes, and resources in place to ensure safeguarding is central to all that the organisation does, and for monitoring compliance. (Charity Commission for England and Wales, 2019; Charity Commission for Northern Ireland, 2019)
Audit and Risk Committee (ARC)	Audit and Risk Committee are accountable for monitoring and reviewing the effectiveness of the Society's risk management and internal control systems. With specific reference to the corporate risk register, reviewing the identification of risks, appropriateness of risk scoring, and seeking assurance over the success of mitigations.
Corporate Safe Practice Group (CSPG)	A forum to develop a strategic approach to safeguarding and health and safety across Alzheimer's Society. It plays a key role in coordinating and ensuring the effectiveness of corporate safeguarding arrangements across the charity. Key issues and risks identified, improvement activity monitored, and learning promoted. Oversight and monitoring of all safeguarding risks held on the Corporate Risk Action Plan.
Chief Executive Officer (CEO)	The Chief Executive Officer is the senior accountable officer for all aspects of safeguarding across the organisation.
Safeguarding Lead Trustee	The Safeguarding Trustee is appointed by the Board reporting periodically on the work of the Corporate Safe Practice Group and other relevant Committees as appropriate.
Executive Director of Dementia Support and Partnerships	The Executive Director of Dementia Support & Partnerships holds the operational strategic leadership of safeguarding and accountability for operational safeguarding across the organisation.
Associate Director of Practice and Compliance	The strategic leadership of safeguarding and the quality and practice of safeguarding across the organisation is held by the Associate Director. The Associate Director is accountable for fostering a culture of continuous improvement and learning across all areas of safeguarding and line manager for the Head of Safe Practice. Alzheimer's Society Caldicott Guardian.

Head of Safe Practice	Manages and leads a dedicated team of safeguarding managers, seniors and officers to ensure consistently high standards of safeguarding practice across the organisation for adults at risk, children, and young people. Is accountable for ensuring the delivery of internal escalation of risks relating to safeguarding in practice, serious incidents, and allegations against staff or volunteers.

Appendix 2: Safeguarding escalations and governance framework



Appendix 3: Categories of abuse and neglect in adult safeguarding work

The categories, along with their definitions and the signs and indicators are set out in the table below. These signs and indicators are not an exhaustive list and nor do any of these examples prove that abuse is occurring in this way. However, they do indicate that a closer look and possible inquiries may be needed.

Type	Definition	Possible Signs and Indicators
Physical Abuse	• assault, hitting, slapping, pushing, biting • misuse of medication • restraint • inappropriate physical sanctions, rough handling, restricting movement (e.g. tying to a chair) • scalding, burning • deliberate making uncomfortable, e.g. removing heating • involuntary isolation or confinement • force-feeding or withholding food	• no explanation for injuries or inconsistency with account of what happened • injuries are inconsistent with the person's lifestyle • bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps • frequent injuries • unexplained falls • subdued or changed behaviour in the presence of a particular person • failure to seek medical treatment or frequent changes of GP
Domestic abuse	• Any incident or pattern of incidents of controlling, coercive, 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. • The abuse can encompass, but is not limited to physical, psychological, sexual, financial and emotional harm. • It also includes so called 'honour' -based violence, female genital mutilation and forced marriage. • Coercive or controlling behaviour is a core part of domestic violence.	• low self-esteem • self-blame • physical evidence e.g. bruising, cuts, broken bones • verbal abuse and humiliation in front of others • fear of outside intervention • damage to home or property • isolation – not seeing friends and family • limited access to money

	• Coercive behaviour can include: acts of assault, threats, humiliation and intimidation, harming, punishing, or frightening the person, isolating the person from sources of support, exploitation of resources or money, preventing the person from escaping abuse, regulating everyday behaviour.	
Sexual abuse	• rape, attempted rape or sexual assault • inappropriate touching • non- consensual sexual activity • any sexual activity that the person lacks the capacity to consent to • inappropriate looking, sexual teasing or innuendo or sexual harassment • sexual photography or forced use of pornography or witnessing of sexual acts • indecent exposure	• bruising, particularly to the thighs, buttocks and upper arms and marks on the neck • torn, stained or bloody underclothing • bleeding, pain or itching in the genital area • unusual difficulty in walking or sitting • infections, unexplained genital discharge, or sexually transmitted diseases • pregnancy in a woman who is unable to consent to sexual intercourse • the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal, sleep disturbance • excessive fear/apprehension of, or withdrawal from, relationships • fear of receiving help with personal care • reluctance to be alone with a particular person
Psychological and emotional abuse	• enforced social isolation, eg through removing mobility or communication aids, preventing	• tension when a particular person is present

	someone from being able to meet their religious needs, deprivation of contact • preventing the expression of choice and opinion • failure to respect privacy • preventing stimulation, meaningful occupation or activities • intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse • threats of harm or abandonment • cyber bullying	• withdrawal or change in the demeanour of the person • insomnia • low self-esteem • uncooperative and aggressive behaviour • a change of appetite, weight loss/gain • signs of distress: tearfulness, anger
Financial or material abuse	• theft of money or possessions • fraud, internet scamming, postal scamming, doorstep crime • preventing someone from accessing their own money • taking 'loans' or 'borrowing' money or goods • undue pressure, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions • arranging less care than is needed to save money to maximise inheritance • denying assistance to manage/monitor financial affairs • misuse of personal allowance in a care home • moving into a person's home and living rent free without agreement or under duress, unauthorised use of a car or possessions • misuse of a power of attorney or other legal authority • rogue trading	• missing personal possessions • unexplained lack of money or inability to maintain lifestyle • financial hardship and apparent disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house, rent arrears. • impact on health and well-being as a result of shortage of money • impact on mental health resulting from mounting financial pressures • lack of heating, clothing or food • unexplained withdrawal of funds from accounts • others show unusual interest in the assets of the person • a lack of clear financial accounts held by a care home or service • unnecessary property repairs • misplacement of financial documents

		• sudden or unexpected changes in a will or other financial documents
Modern slavery	• slavery • human trafficking • forced labour • domestic servitude • sexual exploitation, such as escort work, prostitution and pornography • criminal exploitation and debt bondage – being forced to work to pay off debts that realistically they never will be able to	• signs of physical or emotional abuse • appearing malnourished, unkempt or withdrawn • isolation from the community, seeming under the control or influence of others • living in dirty, cramped or overcrowded accommodation and/ or living and working at the same address • lack of personal effects or identification documents • always wearing the same clothes • avoidance of eye contact, appearing frightened or hesitant to talk to strangers • fear of law enforcers or government workers
Discriminatory abuse	• unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010) • verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • denying access to communication aids, not allowing access to an interpreter, signer or lip-reader • harassment or deliberate exclusion on the grounds of a protected characteristic	• appears withdrawn and isolated • expressions of anger, frustration, fear or anxiety • support offered does not take account of the person's individual needs in terms of a protected characteristic

	• denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic • substandard service provision relating to a protected characteristic	
Organisational abuse	• discouraging visits or the involvement of relatives or friends • run-down or overcrowded establishment • authoritarian or rigid regimes • lack of supervision • insufficient staff or high turnover resulting in poor quality care • abusive and disrespectful attitudes towards people using the service • inappropriate use of restraints • not providing adequate food and drink, or not offering choice or promoting independence • misuse of medication or failure to provide care with dentures, spectacles or hearing aids • not taking account of individuals' cultural, religious or ethnic needs • failure to respond to abuse appropriately • not respecting privacy eg interference with personal correspondence	• lack of flexibility and choice for people using the service • people being hungry or dehydrated • lack of personal clothing and possessions, lack of clean clothing or range of clothing • absence of visitors • few social, recreational and educational activities • public discussion of personal matters • unnecessary exposure during bathing or using the toilet • lack of adequate procedures, poor record-keeping and missing documents • absence of individual care plans • lack of management overview and support
Neglect and acts of omission	• failure to provide food, shelter, clothing, heating, stimulation and activity, personal or medical care • failure to administer medication as prescribed • refusal of access to visitors • not taking account of individuals' cultural, religious or ethnic needs • not taking account of educational, social and recreational needs • ignoring or isolating the person	• poor environment – dirty or unhygienic • poor physical presentation and/or personal hygiene • pressure sores or ulcers • malnutrition or unexplained weight loss • untreated injuries and medical problems • inconsistent or reluctant contact with medical and social care organisations

	• preventing the person from making their own decisions • preventing access to glasses, hearing aids, dentures, etc. • failure to ensure privacy and dignity	• accumulation of untaken medication • uncharacteristic failure to engage in social interaction • inappropriate or inadequate clothing • depression
Self-neglect	• lack of self-care to an extent that it threatens personal health and safety • neglecting to care for one's personal hygiene, health or surroundings • inability to avoid self-harm • failure to seek help or access services to meet health and social care needs • inability or unwillingness to manage one's personal affairs	• very poor personal hygiene • unkempt appearance • lack of essential food, clothing or shelter • malnutrition and/or dehydration • living in squalid or unsanitary conditions • neglecting household maintenance • hoarding • collecting a large number of animals in inappropriate conditions • non-compliance with health or care services • inability or unwillingness to take medication or treat illness or injury
Radicalisation/ Prevent	• The main aim of Prevent is to stop people from becoming terrorists or supporting terrorism. At the heart of Prevent is safeguarding children and adults and providing early intervention to protect and divert people away from being drawn into terrorist activity.	• Losing interest in hobbies or education. • Changes in a person's circle of friends and disinterest in old acquaintances. • Increased social isolation.

Appendix 4: Quality Safeguarding Service Specification

Safeguarding Service Specification

Alzheimer's Society Safeguarding Team's purpose is to protect from harm anyone who comes into contact with our charity, and ensure the organisation is compliant with our safeguarding duties. We do this by ensuring our policies, procedures and training are in line with legal requirements and best practice; and by supporting our people to exercise their duty to protect children and adults at risk.

We deal with safeguarding risks relating to adults, whether service users and/or their carers, employees, or volunteers. We also deal with safeguarding risks relating to children, who come into contact with the Society.

There is a difference between an adult with care and support needs and an *'adult at risk'* (referred to as an '*adult in need of protection*' in Northern Ireland) as defined under legislation for the purposes of safeguarding. The Safeguarding Team primarily deal with adults or children at risk of abuse, or in need of protection (NI). Taking a person-centered, strengths-based approach, every situation will be assessed on the individual circumstances, adopting the six principles of safeguarding as outlined within the Care Act 2014[1]

We are responsible for:

- Risk assessing safeguarding concerns and reporting adults and children at risk, or in need of protection (NI), to the appropriate statutory agency.
- Promoting the person's voice and autonomy to make safeguarding personal.
- Creating and supporting teams to have the necessary safeguards in place, whether as part of business as usual or other activities and events.
- Design and keeping up to date all safeguarding training.
- Keeping safeguarding policies and procedures up to date and legislatively compliant.
- Due diligence in relation to safeguarding matters when working with external organisations.
- Setting, quality assuring, and raising safeguarding standards across the organisation.
- Embedding high quality corporate safeguarding practices across the organisation.

Threshold for safeguarding adults

An 'adult at risk' is someone who (1) has care and support needs, (2) is experiencing or at risk of abuse or neglect, and (3) as a result of those care and support needs, is unable to protect themselves from abuse or neglect. Any allegations or concerns relating to an 'adult at risk' should be escalated to the Safeguarding Team.

[1] What are the six principles of safeguarding? - SCIE

Adults that have unmet care and support needs don't automatically qualify as adults at risk for safeguarding purposes. Often their support needs are better addressed by the local authority carrying out a care needs assessment[2]. Adults can self-refer for this assessment, or our services staff can make that referral for them, with their consent.

Examples of when to refer for a local care and support needs assessment

Unmet care and support needs refers to things like not taking medication correctly, not eating or drinking well, or poor living conditions. Below are some examples (not exhaustive) of unmet care and support needs which could (with the person's consent) be addressed by our services staff referring the person for a care and support needs assessment:

- Unintentional neglect by a carer who may be unable to safely care for the person with dementia. This could be due to lack of time, resources, or ability. Perhaps the care needs of the person living with dementia are so complex that adaptations are needed, or extra support is required to safely meet those needs,
- Self-neglect of a person with dementia who lives alone. If the person has capacity, then we can only intervene if there is a significant risk. If they lack capacity, then our services staff can make a best interest decision to refer for an urgent assessment by the local authority.

Examples of when unmet care concerns should be referred directly to the Safeguarding Team

- Intentional neglect is the deliberate withholding of basic care or necessities and must always be reported to the Safeguarding Team.
- Harm has occurred - where harm has occurred due to neglect, or is likely to occur, the concern should be escalated to the Safeguarding Team. For example, if the person has lost weight, had infections or illness, fell or sustained injuries, the Safeguarding Team should be consulted to consider whether a safeguarding approach is more appropriate.
- Institutional neglect such as a care home not providing medical care will always need reporting to the Safeguarding Team. We are likely to report to the local authority (even without consent) because of the potential risk to others.

If you are unsure, you can contact the Safeguarding Team for advice or guidance.

Threshold for safeguarding children

The Safeguarding Team must be notified immediately of any child (under 18) who may be experiencing or at risk of abuse. It is best practice to seek consent to share information with the local authority from the child's parent or guardian. However, even if consent is not provided, the allegation or concern should always be escalated with the Safeguarding Team. The Safeguarding Team may share the allegation or concern with the local authority, police, or Local Authority Designated Officer even if they do not consent, because the child's welfare is paramount.

When to contact the safeguarding team

[2] Getting a care needs assessment - Social care and support guide - NHS

When you have individual concerns, such as

- If you are concerned that a child or adult may be at risk of, or experiencing, abuse or neglect.
- If an allegation is made or safeguarding concern disclosed/observed about an employee or volunteer within the Society, or our third-party suppliers.
- If a serious safeguarding incident [3] & [4] has occurred or you suspect a serious incident may have occurred.
- If you are notified of a statutory safeguarding review following the death or serious harm to a current or previous service user.

When you have corporate safeguarding queries or concerns, such as

- When planning an event - either virtually or in person – which will involve employees and/or volunteers coming into contact with people affected by dementia.
- When planning a new service, or significant changes to an existing service.
- When planning a new activity that involves volunteers under the age of 18.
- If you are making changes to a process which could impact on the protection afforded to people who come into contact with the organisation.
- To provide guidance on suitability of a criminal records check for a new role within the Society.
- When you want guidance or advice relating to any safeguarding matter across the Society.

Serious Incident Policy[3] Serious Incident Process[4]

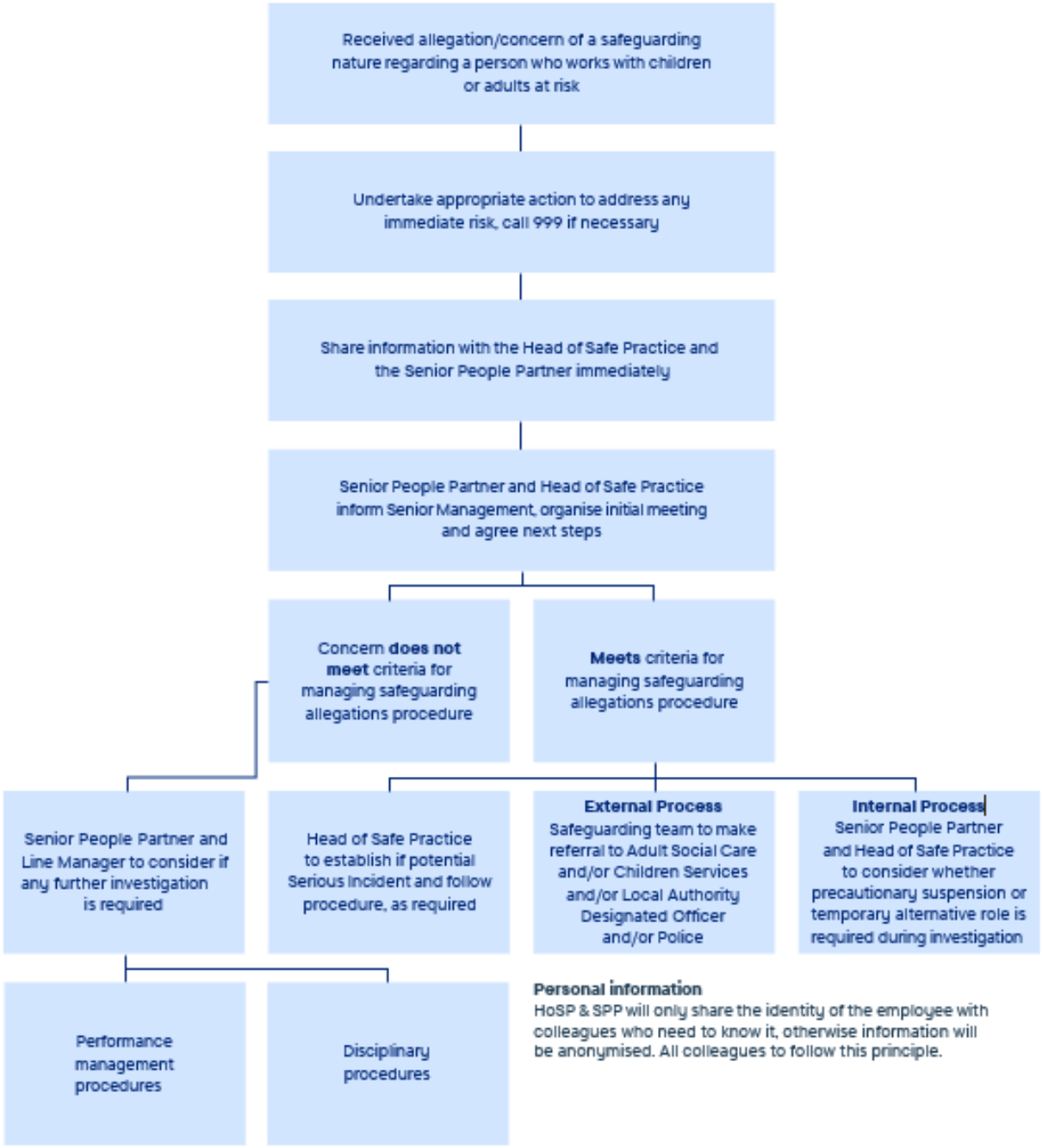
The Safeguarding Team work 9am-5pm Monday to Friday.

They are on call for urgent queries only (5pm-8pm Mon to Wed, and 10am-5pm on weekends)

Safeguarding@alzheimers.org.uk or 0208 049 9290

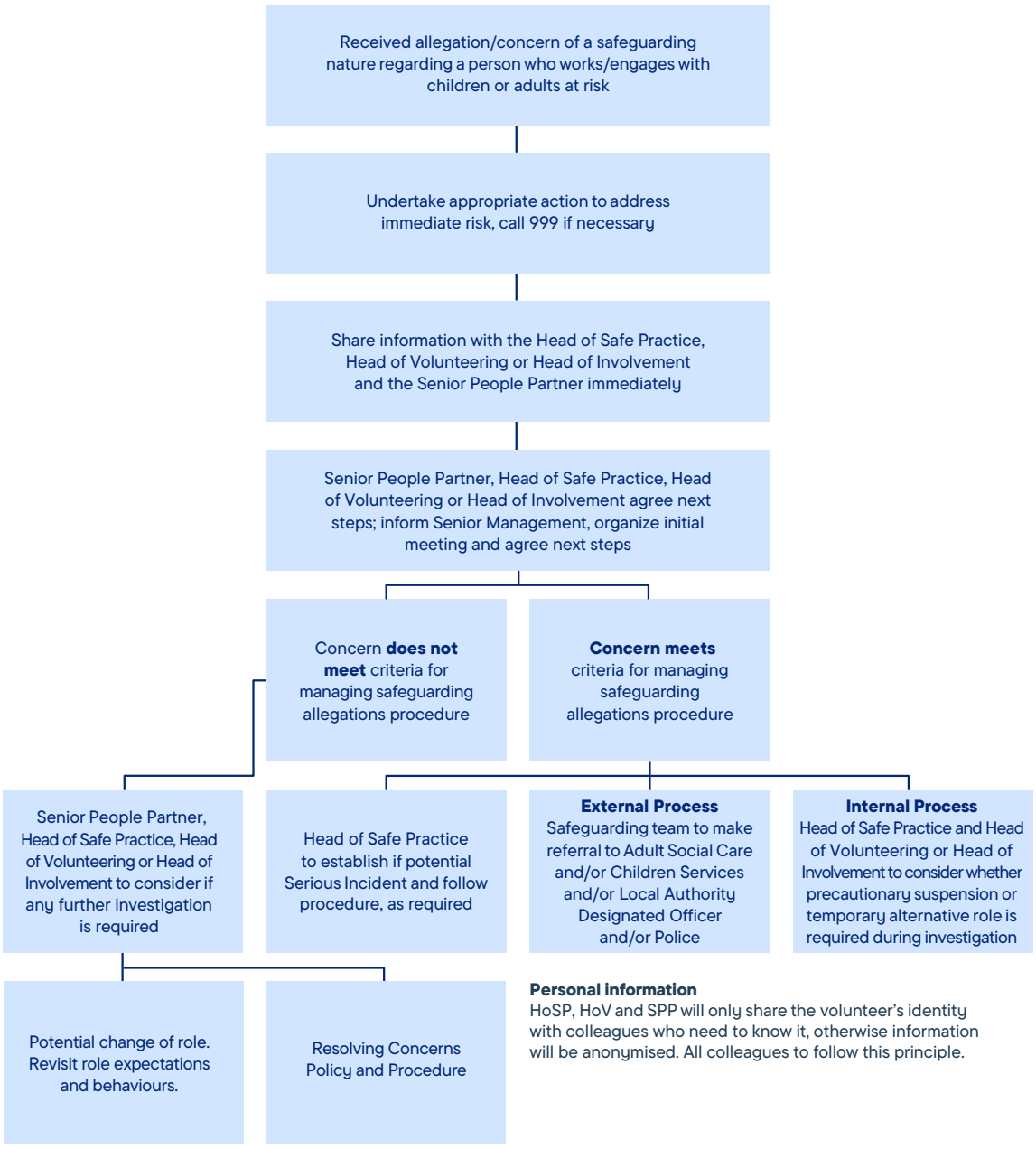
Appendix 5: Managing safeguarding allegations and concerns employees/volunteers

Alzheimer's Society
Managing safeguarding allegations and concerns against employees



Alzheimer's Society

Managing safeguarding allegations and concerns against volunteers and involvement participants



Appendix 6: Legal Framework

This policy has been written based on law and guidance that seeks to protect adults at risk. For ease of reference, this policy will use the term 'adults at risk' when describing either the term 'adults in need of protection' (Northern Ireland) or 'adults at risk' (England and Wales).

The legislation below is applicable to **England and Wales.**

- Care Act 2014
- Care and Support Statutory Guidance 2016 (issued under The Care Act 2014)
- Care Standards Act 2000
- Children (Leaving Care) Act 2000
- Children and Social Work Act 2017
- Counter-Terrorism and Security Act 2015 (Prevent Duty)
- Data Protection Act 2018
- Domestic Abuse Act 2021
- Domestic Violence Crime and Victims Act 2004
- Equality Act 2010
- Female Genital Mutilation Act 2003
- Forced Marriage (Civil Protection) Act 2007
- Health and Social Care Act 2012
- Human Rights Act 1998
- Making Safeguarding Personal Toolkit
- Mental Capacity Act 2005 & Deprivation of Liberty Standards
- Mental Health Act 1983
- Mental Health Act 2007
- Modern Slavery Act 2015
- NHS and Community Care Act 1990
- Online Safety Act 2023
- Police Act – CRB 1997
- Police, Crime, Sentencing and Courts Act 2022
- Protection from Harassment Act 1997
- Protection of Freedoms Act 2012
- Public Interest Disclosure Act 1998
- Rehabilitation of Offenders Act 1974
- Serious Crime Act 2015
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Victims and Prisoners Act 2024
- Violence against Women, Domestic Abuse, and Sexual Violence (Wales) Act 2015
- Working Together to Safeguard Children (2020 update)
- Youth Justice and Criminal Evidence Act 1999 – Special Measures

Wales specific legislation:

- Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020
- Social Services and Well-being (Wales) Act 2014
- Wales Safeguarding Procedures

Northern Ireland specific legislation:

- Adult Safeguarding: Prevention and Protection in Partnership (2015)
- Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021
- Health and Social Care Act (Northern Ireland) 2009
- Mental Capacity Act (Northern Ireland) 2016
- Safeguarding Board Act (Northern Ireland) 2011