

SAFEGUARDING POLICY FOR ADULTS AT RISK

Approved by the Ri Board of Trustees 23 February 2021

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1. Policy statements and definitions

- 1.1 The Ri is an organisation that works extensively with wider society. This policy establishes the commitment of the Ri to safeguarding adults at risk¹ who are visiting the building or attending its external events.
- 1.2 The Ri has a comprehensive 'safeguarding children' policy and procedures which, along with this policy, reinforces the organisation's commitment to nurturing a culture of safeguarding.
- 1.3 The following principles underpin the Ri's approach to safeguarding of adults at risk.
 - Safeguarding is paramount and all adults at risk should be able to live in their community free of abuse² or neglect.
 - Adults at risk have a right to information which could make life better and/or safer for them.
 - All concerns and allegations of abuse will be taken seriously and responded to appropriately.
- 1.4 Safeguarding is everyone's responsibility and **everyone** in our community has a responsibility to report suspected abuse of an adult.
- 1.5 Trustees are responsible for safeguarding policy and procedures within the organisation even if certain aspects of the work are delegated to staff. To assist staff in implementing and understanding the implications of this policy the Ri will appoint a trustee responsible for safeguarding, a Designated Safeguarding Officer (DSO) and at least one deputy DSO (Section 6). The DSO and deputy DSOs will work together as a team and any reference to the DSO in what follows should be interpreted accordingly.
- 1.6 This policy is underpinned by the following:
 - The Care Act 2014
 - The Equality Act 2010
 - The Human Rights Act 1998
 - The Mental Capacity Act 2005
- 1.7 This policy should be used in conjunction with the relevant Local Safeguarding Adults Board (LSAB) safeguarding arrangements which can be found on their website <https://www.peoplefirstinfo.org.uk/westminster-contact-details/>
- 1.8 This policy should be made freely available to the public.

¹ An adult at risk is someone 18 or over who is unable to care independently for themselves or unable to protect themselves against significant harm or exploitation. This could be due to a physical or learning disability, illness or injury or mental health issues; old age; substance addiction; domestic violence or abuse or other reasons. It can be a temporary or a permanent condition

² Abuse is defined as "the violation of an individual's human and civil rights by another person or persons" (No Secrets - Department of Health 2000)

2. Policy aims and the Key Principles of adult safeguarding

- 2.1 This policy aims to clarify how safeguarding procedures should be implemented. The underpinning aim is to keep adults at risk safe based upon a culture of acceptable risk (including a person's right to make the "wrong" decision).
- 2.2 Six key principles underpin adult safeguarding:
- **Empowerment** – Adults with mental capacity should be in control of their own lives.
 - **Prevention** – It is better to take action before harm occurs. This includes promoting awareness and understanding and supporting people to safeguard themselves.
 - **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
 - **Protection** – procedures should be in place to support people to safeguard themselves from harm, report concerns and make decisions about their own safety.
 - **Partnership** – Working together to prevent, detect and report incidents of neglect and abuse.
 - **Accountability** – Accountability and transparency in all safeguarding matters, ensuring that staff and partners understand what is expected of them.
- 2.3 The Ri recognises that local Adult Social Services teams are the lead agency with regard to adults at risk. We will work collaboratively with other agencies and as guided by statutory agencies to safeguard and achieve positive outcomes for the person at risk of abuse.
- 2.4 Where someone is over 18 but still receiving children's services, a safeguarding matter should be dealt with as a matter of course by the adult safeguarding team³.
- 2.5 We undertake pre-employment checks – please see the Safeguarding Policy for Children for more details.
- 2.6 In carrying out responsibilities under this policy individuals may also need to consider a range of other policies and documents that the Ri has in place (see Section 8). Support and training will be provided to ensure that this policy is implemented effectively. A breach of policy may result in disciplinary or other further action – up to and including referral to the relevant authorities for criminal investigation.

3. Types of abuse – adults

- 3.1 There are 10 types of abuse of adults which are listed below and staff should be aware of the signs of each (see Appendix 2).
- Physical abuse
 - Domestic violence or abuse
 - Sexual abuse
 - Psychological or emotional abuse

³ Care Act 2014

- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

4. Procedure: What to do if you are concerned about the wellbeing of an adult at risk

- 4.1 There are four key steps to remember and this procedure explains them. They are referred to as the 4 Rs:
- (i) Recognising abuse or neglect (see section 3 above)
 - (ii) Responding to the concerns
 - (iii) Referring concerns on
 - (iv) Recording any actions taken and outcomes
- 4.2 Suspicions or concerns can be raised in a number of ways, the most likely of which are:
- An adult disclosing abuse
 - Bruising or evidence of physical hurt or neglect, which may or may not be accompanied by:
 - Unusual behaviour by an adult at risk
- 4.3 If an adult makes you aware of a safeguarding concern or allegation this is a disclosure and you should:
- 4.3.1 React calmly and supportively.
 - 4.3.2 Reassure them that they are doing the right thing in sharing the concern with you.
 - 4.3.3 Listen, and take the concern or allegation seriously.
 - 4.3.4 Keep questions to the absolute minimum necessary to ensure you understand what is being said, and ensure that any question that it is necessary to ask is open and not leading.
 - 4.3.5 Do not criticise either the adult or anyone else mentioned.
 - 4.3.6 Do not make promises of secrecy or confidentiality – instead, explain that it may be necessary to tell someone else in order to keep them and others safe. However, if the adult concerned does not consent to their name being shared you may make an anonymous report.
 - 4.3.7 Explain what you will do next and who you will need to tell.
 - 4.3.8 Take any immediate steps which are necessary to protect the adult from harm.
 - 4.3.9 Record what was said in writing as soon as possible after the discussion.

4.3.10 Report the concern or allegation to the DSO or DDSOs.

4.3.11 Under no circumstances should you examine the adult where they are alleging injuries. This is a role for medical personnel only.

4.4 The DSO will consider the report and either refer this immediately to Social Services or the relevant authorities or, after taking appropriate advice, decide not to refer the concerns to the authorities but keep a full record of the concerns.

4.5 If the concerns relate to the conduct of an individual associated with the Ri, these should be reported immediately to the DSO by phone, email or in person. Steps will be taken to fully support anyone who in good faith reports his or her concerns about such an individual and every effort will be made to maintain confidentiality for all parties whilst the allegation is considered.

4.6 If the concerns are about the DSO or deputy, they should be raised with the Director of Science and Engagement. If the concerns are about the Director of Science and Engagement they should be raised, via the DSO, with the Chair of Trustees and the Trustee responsible for safeguarding.

4.7 Concerns that are anonymous or historic (e.g. relating to previous staff or an incident that happened some time ago) should not be ignored and must be reported to the DSO.

4.8 Concerns in relation to an individual associated with the Ri may indicate unsuitability to continue working in their present position, or in any capacity. Consideration will need to be given to whether:

4.8.1 Someone has behaved in a way that has led to abuse of an adult at risk.

4.8.2 Someone has possibly committed a criminal offence against or related to an adult at risk.

4.8.3 Someone has behaved towards an adult in a way that indicates they are unsuitable to work with adults at risk either in an unsupervised or supervised capacity.

There may be up to three strands in the consideration of an allegation against an individual:

4.8.4 A police investigation of a possible criminal offence.

4.8.5 Enquiries and assessment by social services about whether an adult is in need of protection or other services.

4.8.6 Consideration by the Ri of disciplinary action in respect of the individual if an employee.

The Ri Leadership team will determine if it is necessary for the member of staff concerned to be suspended pending any of the above enquiries.

5. Information to be recorded

5.1 Information held by the Ri may need to be passed to the local authority and/or other external agencies (e.g. the Police) in order to assist any further enquiries and investigation. It is the responsibility of the DSO to ensure that such information is passed on to the relevant authorities as requested. So as to be as helpful as possible, the information should include:

a) The nature of the allegation or concern.

- b) A description of any visible bruising or other injuries.
- c) The adult's account (using his/her own words as far as possible).
- d) Any times, dates or other relevant information.
- e) A clear distinction between what is fact, opinion and hearsay.
- f) Records should be signed, timed and dated.

Do not:

- Delay reporting the matter by trying to obtain more information.
- Destroy any handwritten notes made at the time of the incident or at the time of reporting in case they are needed by the Crown Prosecution Service.

5.2 Referral for consideration of barring: if an allegation/concern is substantiated and the person is dismissed, resigns or the Ri decides to cease to use their services then the DSO will make a referral to the Disclosure and Barring Service as regards whether that individual is barred from, or has conditions imposed in respect of working with adults at risk. The referral will be made within one month.

5.3 Poor practice: There may be circumstances, in the case of employees of the Ri, where allegations are about poor practice rather than abuse but where there is any doubt, the line manager should consult with the DSO. If the investigation shows that the allegation is clearly about poor practice then the Ri will determine how best to remedy this, e.g. as part of its performance management, or disciplinary procedure dependent on the nature and seriousness of the practice.

6. Appointment of a Designated Safeguarding Officer and deputies

6.1 The Ri will appoint a Designated Safeguarding Officer (DSO) and at least one Deputy Designated Safeguarding Officer (DDSO) who will be the first point of contact for staff and volunteers for advice or with any concerns about the safeguarding and protection of adults. The DSO should be a paid employee of the Ri who will have operational, strategic and commissioning responsibilities. At least one deputy DSO should be appointed to provide operational cover during holidays and other absences of the DSO.

The DSO is: Samantha Durbin

Contact number 020 7670 2915, mobile 07741657952

The DDSO(s) are: Peter Gallivan

Contact number 020 7670 2927, mobile 07704 515238

The contact email address for the Designated Safeguarding Officers is:

safeguarding@ri.ac.uk

The Director of Science and Engagement is: Daniel Glaser

Contact email: dglaser@ri.ac.uk

6.2 Appointment as DSO does not, in itself, signify sole responsibility for providing a full service for safeguarding adults at risk. This will usually be done through the totality of the Ri's safeguarding adults arrangements. The DSO must however be fully conversant with the Ri's safeguarding and adults at risk protection accountability structure and should be the owner of this policy. The DSO and deputies should be provided with relevant safeguarding adults at risk training which should be regularly updated.

6.3 The role of the DSO is to:

- a. Promote good practice and effective communication internally on all matters relating to safeguarding.
- b. Be the first point of contact for Ri staff and volunteers for advice and to receive safeguarding concerns.
- c. Know which outside agency to contact in the event of a safeguarding concern coming to the notice of the Ri.
- d. Liaise with LSAB's and other agencies, as appropriate.
- e. Keep relevant people within the Ri informed about any action taken and any further action required; for example, disciplinary action against an employee.
- f. Ensure that a full and proper record is kept of any referral and action taken, and that this is kept safely and in confidence.
- g. Provide information and advice on safeguarding adults at risk within the Ri, alerting senior management to any deficiencies which come to light in the Ri's arrangements to safeguarding and promoting the wellbeing of adults.
- h. Keep all staff updated with current procedure and practice, ensuring all new and temporary staff receive the necessary training to familiarise them with their safeguarding responsibilities.
- i. Advise the Ri of safeguarding training needs, including assessing suitable training for particular roles and coordinating with HR to commission and deliver such to required staff.
- j. Report to the Trustees via the trustee with responsibility for safeguarding activity on at least a quarterly basis, and more frequently if an incident or incidents are ongoing. These reports shall be made to the Trustees even in the event of a null report.
- k. Biannually review this policy and recommend changes for consideration by the Audit Committee.

The role of the deputy DSO(s) is to support the DSO in promoting good practice and effective communication internally on all matters relating to safeguarding, and in the absence of the DSO to perform functions b–g above.

7. Review of policy and procedures

7.1 The Board of Trustees of the Ri will:

- 7.1.1 Appoint a Trustee to have specific responsibility for safeguarding. Currently this Trustee is Alison Woollard.
- 7.1.2 Review, approve and endorse its safeguarding policy for adults at risk every two years or when legislation changes.

- 7.1.3 Undertake ongoing monitoring to ensure that the related duties and responsibilities are being effectively implemented in practice.
- 7.1.4 Remedy deficiencies or weaknesses in its safeguarding arrangements without delay, not just at the next policy review date.

8. Safeguarding suite of policies and documents

8.1 This policy forms part of a suite of policies and documents that relate to the Ri's safeguarding responsibilities. This policy will impact upon and could influence the interpretation of the following:

- Induction pack
- Safer recruitment and selection policy
- Safeguarding policy for Children
- Code of conduct (Appendix 1 of this policy)
- Disclosures in the public interest (Whistleblowing) policy
- Data protection policy
- Social media policy
- Health and safety policy

Appendix 1: Code of Conduct

In terms of protecting those adults where concerns or risks have been identified we expect all individuals associated with the Ri to adhere to the Ri's policies, procedures and practices that:

- Take all suspicions and/or allegations of abuse or risk to adults at risk seriously, and respond swiftly and appropriately through the provision of adults at risk protection procedures
- Support the timely sharing of information, with relevant authorities, when there are concerns about an adult's welfare
- Contribute to effective partnership working between all those involved in providing services for adults at risk

In terms of safeguarding adults at risk we expect all individuals associated with the Ri to follow the Ri's policies, procedures and practices and to:

- (a) Maintain professionalism and high standards of practice.
- (b) Treat adults with respect.
- (c) Provide a safe physical environment.
- (d) Promote safe practices and challenge poor and unsafe practice.
- (e) Promote an anti-bullying culture.
- (f) Recruit safely.
- (g) Induct, train and supervise staff accordingly, proportionate to their role in safeguarding.
- (h) Provide support to other staff and volunteers.
- (i) Contribute to effective partnership working between all those involved in providing services for adults at risk.

Appendix 2: Types of Abuse

1. Physical abuse

Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the 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
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

2. Domestic violence or abuse

Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. 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. 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.

Possible indicators of domestic violence or abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as 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

3. Sexual abuse

Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- 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

Possible indicators of sexual abuse

- 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
- Foreign bodies in genital or rectal openings
- 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
- Incontinence not related to any medical diagnosis
- 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

4. Psychological or emotional abuse

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- 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
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour

- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

5. Financial or material abuse

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, 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
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person

- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

6. Modern slavery

Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to do

Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be 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

7. Discriminatory abuse

Types of 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
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

8. Organisational or institutional abuse

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- 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
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible indicators of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels

- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

9. Neglect and acts of omission

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- 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
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition 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
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction

- Inappropriate or inadequate clothing

10. Self-neglect

Types of 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

Indicators of self-neglect

- 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