

SAFEGUARDING POLICY

Ownership. This Policy is owned by the Board of RMA-TRMC.

THE LAW

1. **The Care Act 2015.** The Care Act 2014 (implemented in April 2015) identifies that the local authority has the lead role in coordinating the response to safeguard adults. However, the Care Act recognises that successful responses need to have effective multi-agency and multi-disciplinary working.
2. **Mental Capacity Act 2005.** The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

PRINCIPLES

3. The purpose of this policy is to protect vulnerable adults¹ from harm, abuse, or neglect.
4. The aims of adult safeguarding are to:
 - a. Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
 - b. Safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
 - c. Promote an outcomes-approach in safeguarding that works for people, resulting in the best experience possible.
 - d. Raise public awareness so that professionals, RMA-TRMC staff and volunteers, staff of other charities, local authorities, and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.
 - e. Identify a designated safeguarding lead within the charity to oversee all safeguarding concerns.
5. The Care Act 2014 states the following principles that should underpin all adult safeguarding work:
 - a. Empowerment – Personalisation and the presumption of person-led decisions and informed consent.
 - b. Prevention – it is better to act before harm occurs.

¹ The Care Act 2014 defines an adult at risk who requires a safeguarding response as being someone who is:

- Someone who is aged 18 or over who has needs of care and support; AND
- Is experiencing or at risk of, abuse or neglect; AND
- As a result of their care and support needs are unable to protect themselves from either the risk of, or the experience of, abuse or neglect

- c. Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
 - d. Protection – Support and representation for those in greatest need.
 - e. Partnership – Local solutions through services working with their communities.
 - f. Accountability – Accountability and transparency in delivering safeguarding
6. *‘No decision about me without me’* means that an adult has the right to know about how RMA-TRMC and other agencies can work with them to find the right solutions to keep people safe and support them in making informed choices. Making safeguarding personal means that an agency’s work with adults should be person-led and outcome-focused. It means engaging the person in a conversation and deciding about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life, wellbeing and safety.
7. **Safeguarding adults from abuse is everyone’s responsibility and there is a duty to report all concerns at the earliest opportunity.** All RMA-TRMC trustees, staff and volunteers have a duty to protect the adult, to act to manage the adult’s immediate safety and to report the concerns in line with this policy.
8. All trustees, staff, volunteers and RMA members where relevant have a key role in preventing abuse or neglect occurring and in acting when concerns arise.
9. ‘Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, who is meeting those needs, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility’.
10. Consent.
- a. RMA-TRMC staff and volunteers must always seek the consent of the individual before taking any action or sharing personal information. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but the best interests of the individual or others at risk demand action. If after discussion with the adult at risk who has mental capacity, they refuse any intervention; their wishes will be respected unless:
 - (1) There is a public interest: e.g. inaction will put other adults or children at risk.
 - (2) There is a duty of care to intervene, for example, a crime has been or may be committed
 - (3) The person alleged to have caused harm is employed in a position of trust, such as a health or social care professional.
 - b. A person’s refusal to give consent does not preclude RMA-TRMC staff and volunteers from sharing information with other relevant agencies

11. The procedures to be used for safeguarding vulnerable adults are included in the Employee Handbook.

12. RMA-TRMC employees, trustees, volunteers and Association members who engage with potentially vulnerable adults need to recognise the potential reputational damage to the Charity if safeguarding issues and risks are not addressed in a timely, sensitive and effective manner.

POLICY STATEMENT

13. This policy applies to all RMA-TRMC employees, trustees, volunteers and Association members who engage with potentially vulnerable adults; **safeguarding is everyone's responsibility**.

14. RMA-TRMC's safeguarding policy and procedures aim to ensure that:

- a. The Care Act 2014 principles are always adhered to.
- b. The needs and interests of adults at risk are always respected and upheld
- c. The human rights of adults at risk are respected and upheld
- d. A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse.
- e. Safeguarding adults is underpinned by the principles of the Mental Capacity Act 2005.

15. The Trustees' role is to protect people; maintaining the Charity's safeguarding responsibilities and its reputation is a governance priority for all RMA-TRMC trustees. As part of fulfilling their duties, trustees will take reasonable steps to protect people who encounter RMA-TRMC from harm. This includes:

- a. People who benefit from the charity's work
- b. Staff
- c. Volunteers
- d. Visitors
- e. People who meet the charity through its work, such as contractors and external care staff.

16. Trustees will:

- a. Make sure all trustees, and beneficiaries know about safeguarding and people protection through training and supervision, ensuring that employees, volunteers undertake the relevant levels of safeguarding training in line with the 2019/2020 training framework.
- b. Have appropriate policies and procedures in place and review them regularly.
- c. Check that people are suitable to act in their roles and follow safer recruitment processes.

- d. Have a clear system of referring or reporting to relevant organisations as soon as concerns are suspected or identified.
 - e. Set out safeguarding risks and how we will manage them in a risk register which is regularly reviewed by the board of trustees in partnership with RMA-TRMC's senior management team.
 - f. Be quick to respond to concerns and carry out appropriate investigations for staff.
 - g. Not let one trustee dominate the Charity's work or allow one trustee's view of a situation to dominate - trustees will work together.
17. Individual RMA-TRMC staff members and volunteers are responsible for adhering to this policy. All Association members who undertake outreach activities have a responsibility to help ensure the safety and welfare of adults.
18. When supporting adults at risk:
- a. Services provided should be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle.
 - b. The primary focus/point of decision making must be in discussion with the adult at risk, and the person must be supported to make choices.
 - c. Adults at risk must be offered advocacy services where the adult needs the support of an advocate to fully engage and be part of the decisions following a concern of abuse being reported and there is no one in the person's support that is appropriate to do this. This is the responsibility of the local authority.
 - d. There is a presumption that adults have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity which is decision-specific, decisions will be made in their best interests as set out in the Mental Capacity Act (MCA) 2005 and MCA Code of Practice.
 - e. Adults at risk should be given information, advice and support in a form that they can understand and have their views and what outcomes they want included in all forums that are making decisions about their lives.
 - f. All decisions taken by professionals, including RMA-TRMC management and welfare staff regarding a person's life should be timely, reasonable, justified, proportionate and ethical and must be made in discussion with the adult or where appropriate, their advocate.
19. All RMA-TRMC Staff and Volunteers working with adults at risk:
- a. Must understand their role and responsibilities regarding this policy and procedure and must know how to recognise abuse and how to report and respond to it.
 - b. Have a duty to report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being abused and to gain the consent of the adult where possible or where this is not possible, to make a best interest decision to report without consent.

- c. **Must report all concerns and suspicions that an adult at risk is being or is at risk of being abused by a visitor, member of staff or a volunteer, even if consent is absent.**
 - d. Must give actions to protect the adult from abuse should always be given a high priority with the dignity, safety and the well-being of the individual a priority within the actions.
 - e. Must give concerns or allegations the highest priority and report without delay.
 - f. Must respect the rights of the person causing harm. If that person is also considered an adult at risk, they must receive support and their needs must be addressed.
20. Working With Other Agencies. When working with other agencies to safeguard adults:
- a. All RMA-TRMC staff and volunteers will contribute to effective inter-agency working and effective multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of safeguarding adults.
 - b. Actions taken under the multi-agency safeguarding procedures do not affect the obligation on RMA-TRMC to comply with its statutory responsibilities such as notification to regulatory authorities and the Charities Commission.
 - c. RMA-TRMC staff and volunteers might have information about adults who may be at risk from abuse and might be asked to share this where appropriate, with due regard to confidentiality.
 - d. Every local authority in the UK has an established Local Safeguarding Adults Board (LSAB). Each has its own policy and procedure as well as legal framework for safeguarding vulnerable adults and young people. It is the responsibility of the charity to comply with the relevant authority's safeguarding policy and procedure.
21. Safeguarding Children and Young People.
- a. Though RMA-TRMC staff and volunteers primarily work with adults some of whom might be vulnerable, they might encounter a situation where there is an immediate concern that a child is at risk and must be aware that urgent safeguarding action must be taken. In such instances the police must be called on 999 and the Designated Safeguarding Lead (DSL) – Director of Welfare should be informed immediately.
 - b. If the concern or suspicion is not urgent, or in all other matters involving the safeguarding of children, refer to the DSL at the earliest opportunity. The DSL will then investigate and direct actions or investigations as required

LEAD STAFF MEMBERS

22. The RMA-TRMC Health & Wellbeing Trustee is responsible for ensuring good safeguarding governance.

23. The RMA-TRMC Director of Welfare is the Designated Safeguarding Lead (DSL) and has overall responsibility for all matters relating to safeguarding at a strategic and local level. The DSL will
- a. Ensure that the RMA-TRMC safeguarding policies and procedures are followed.
 - b. Ensure that all staff are aware of these policies and procedures.
 - c. Ensuring safer recruitment of staff and RMSN Volunteers, and the relevant Disclosure and Barring Service (DBS) and Protecting Vulnerable Groups (PVG) checks are carried out.
 - d. Ensure that appropriate training and support is provided for all staff and RMSN Volunteers on an ongoing and regular basis.
 - e. Develop effective working partnerships with other agencies and services.
 - f. Decide whether to take further action about specific concerns (e.g. refer to adult protection Social Worker, the Police or Children’s Social Care).
 - g. Liaise with adult protection teams over suspected cases of abuse.
 - h. Ensure that accurate records relating to individual people are kept in a secure place and marked ‘strictly confidential’
 - i. Submit reports to, and attend, safeguarding meetings or conferences.
 - j. Provide guidance to families and staff about suitable support.
 - k. Keep the individual identified to be at risk, and (if appropriate) family, fully informed of all matters related to the safeguarding concern.
24. Where safeguarding risks/issues that have the potential to damage the reputation of the Charity come to light, these are to be raised immediately with the Chief Executive.

TRAINING

25. The Charity will provide initial online safeguarding training from Continuing Professional Development for all staff. Thereafter, all staff of whatever role and all volunteers engaging in welfare support must sign the policy annually to ensure and to demonstrate that their understanding of it has been refreshed (see Annex A Appendix 3).
26. All staff and RMSNVs will receive annual refresher training, during which they will be advised of regulatory changes to safeguarding legislation as part of their contracted responsibilities, or any changes to the Charity’s Safeguarding Policy.

RECORD KEEPING

27. If a Safeguarding concern is identified this must be recorded on the Portal Case Recording System CRIS by the allocated worker. If the concern is regarding staff or volunteers this must be recorded in a confidential folder and filed in the Confidential Casework Area of Teams.

REVIEW

28. This Policy is to be reviewed annually or sooner should the law, or Charity Commission/ Companies House/Fundraising Regulator/Information Commissioner guidance change. . In addition, the board of trustees in partnership with the Charity's Senior Management Team will reflect upon the learning arising from all safeguarding concerns or cases within the organisation and review the learning against the safeguarding policy and procedure making amendments as necessary. Any amendments made will be recorded together with the date of any changes to the policy and procedure.

Signed

Dated

Annex:

Safeguarding Practices.

SAFEGUARDING PRACTICES

1. This annex to the RMA's Safeguarding Adults Policy is held within the RMA Employee Handbook. It covers the practices that embody the principles and policy detailed in the RMA's Safeguarding Adults Policy.
2. Types of Harm. The most common forms of abuse that RMA staff and volunteers and members might encounter fall into the following categories:
 - a. Physical. This may be defined as 'the use of force, or any action, or inaction which results in pain or injury or a change in the person's natural physical state' or the 'non-accidental infliction of physical force that results in bodily injury, pain or impairment'. Examples of physical abuse include hitting, slapping, pushing, pinching, shaking, scalding, misuse of medication, restraint or inappropriate physical sanctions
 - b. Sexual.
 - (1) Examples of sexual abuse/sexual assault include rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual innuendo, sexual photography, subjection to pornography or witnessing sexual acts, or sexual acts to which the adult has not consented or was pressured into consenting.
 - (2) Rape and other sexual assaults are among the most serious offences investigated by the police. The trauma that victims suffer presents unique challenges to any investigation. It is the responsibility of all staff to ensure that they are aware of their individual roles and responsibilities to maximise all evidential opportunities to assist any investigation of a sexual nature and the minimum standards required regarding immediate response, recording and reporting.
 - (3) Further information can be found at: <http://www.solacesarc.org.uk> SARCs provide a safe location where victims of sexual assault can receive medical care and psychological support, information and access to counselling, legal advice, meeting points with police and forensic examiners, emergency contraception, and screening for sexually transmitted diseases
 - c. Psychological/Emotional. This is behaviour that has a harmful effect on the person's psychological and emotional health. This can include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
 - d. Financial or Materiel (assets or possessions). Financial abuse can occur in isolation, but it is also likely to be connected to some other forms of abuse. Although this is not always the case, everyone should be aware of this possibility. Financial abuse is a crime. Examples may include theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

e. Neglect and acts of omission. This can take several forms and can be the result of an intentional or unintentional act(s) or omission(s). Neglect includes, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition or heating. The Police have the powers to investigate allegations of neglect under the Mental Capacity Act 2005, Section 44 and under the Criminal Justice and Courts Act 2015 Section 20 and 21

f. Discriminatory. includes harassment because of victim's protected characteristics. This exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It is the exploitation of a person's characteristics, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination based on age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation and includes hate crime incidents. Discriminatory abuse includes forms of harassment and slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

g. Domestic abuse. Domestic abuse is 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. This can encompass, but is not limited to, the following types of abuse: Psychological/Emotional; Physical; Sexual; Financial. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain.

h. Self-neglect. This is 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community' (Gibbons, 2006). An individual may be considered as self-neglecting and therefore at risk of harm where they are:

- (1) either unable or unwilling to provide adequate care for themselves.
- (2) unable or unwilling to obtain necessary care to meet their needs and/or
- (3) declining essential support without which their health and safety needs cannot be met.
- (4) This includes a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding, ignoring nourishment, medication and treatment, administration (utility bills/services) or refusing help/services.

3. Related Issues.

a. Professional Abuse. Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse / crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service

failure and culpability as a result of poor management systems/structures. Signs of possible professional abuse include:

- (1) Failure to refer disclosure of abuse
- (2) Poor, ill-informed or outmoded care practices
- (3) Denying an adult at risk access to professional support and services such as advocacy, service design where groups of users living together are incompatible
- (4) Punitive responses to challenging behaviours
- (5) Failure to whistle-blow on issues when internal procedures to highlight issues have been exhausted.

b. **Hate crime.** Hate crime is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Individuals may be concerned that they would not be recognised as victims or be believed and taken seriously. Abusers may also control their victims, threatening to 'out' them to friends, family or support agencies. Local authorities have a range of support services and advice for professionals in place.

c. **Mate crime.** Happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.

4. **Raising a safeguarding concern.**

- a. Identify the safeguarding concern.
- b. Discuss with your designated safeguarding lead or immediate line manager (if appropriate).
- c. Record the safeguarding concern in writing. Complete the report factually, do not include assumptions or opinions.
- d. Pass the completed report to the Designated Safeguarding Lead immediately or within 24 hours.
- e. Maintain confidentiality at all times (vital interest).

Appendices:

1. **Dealing with Disclosure.**
2. **Raising a Safeguarding Concern.**

Dealing with Disclosure

1. A number of basic rules should be followed to ensure the safe handling of any disclosures of abuse from an adult/child.
 - a. Do not panic.
 - b. Remember that the safety and wellbeing of that person comes before the interests of anyone else.
 - c. Listen to them and accept what they say
 - (1) Look at the person directly but do not appear shocked.
 - (2) Do not seek help while the person is talking to you.
 - (3) Reassure them that they did the right thing by telling someone
 - (4) Assure them that it is not their fault and you will do your best t.o help
 - (5) Let them know that you need to tell someone else.
 - (6) Let them know what you are going to do next and that you will tell them what happens.
 - d. Be aware that the person may have been threatened and be frightened.
 - e. Write down what the person says in their own words
 - (1) Record what you have seen and heard.
 - (2) Make certain you distinguish between what the person has actually said and the inferences you may have made. Accuracy is paramount at this stage of the procedure.
 - f. Follow your lines of reporting concerns as soon as possible.
 - g. Refer local authority adult or child services or the Police if you think a crime may have been committed.
2. Important notes.
 - a. The same action should be taken if the allegation is about abuse that had taken place in the past, as it will be important to find out if the alleged perpetrator is still working with or has access to adults/children.
 - b. Dealing with an allegation that a professional, staff member or carer or volunteer has abused an adult or child is difficult but must be taken seriously and dealt with carefully and fairly.

3. Things To Say.

- a. Repeat the last few words in a questioning manner
- b. 'I am going to try to help you'
- c. 'I will help you'
- d. 'I am glad you told me'
- e. 'You are not to blame'

4. Things Not To Say.

- a. 'You should have told someone before'
- b. 'I can't believe it! I'm shocked!'
- c. 'Oh, that explains a lot'
- d. No, not ...! He's a friend of mine'
- e. 'I won't tell anyone else'
- f. 'Why? How? When? Where? Who?' in an aggressive/ argumentative tone.

5. Things To Do.

- a. Provide reassurance to the individual
- b. Let them know what you are going to do next
- c. Immediately seek help, in the first instance from the designated Safeguarding Lead
- d. Write down accurately what the person has told you. Sign and date your notes. Store all notes securely for an indefinite period.
- e. Seek help for yourself if you feel you need support.

6. Things Not To Do.

- a. Attempt to deal with the situation yourself.
- b. Formally interview the person.
- c. Never ask leading questions.
- d. Never push for information or make assumptions
- e. Only necessary relevant facts should be obtained when clarification is needed

- f. Make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents.
- g. Keep the information to yourself
- h. Take any action that might undermine any future investigation or disciplinary procedure such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator, or parents, or carers.
- i. Permit personal doubt to prevent you from reporting the allegations.

Raising a Safeguarding Concern



