

**Queen Mary, University of London Students Union (the Union)  
Union Activities involving Working with Adults at Risk  
Safeguarding Adults at Risk - Policy and Procedure**

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## **1. The Union as an Organisation working with Adults at Risk**

1.1. This policy and procedure applies to all activities of the Union or its subsidiary, QMSU Services Limited, involving or which may involve working with adults at risk aged 18 and over. These activities include but are not limited to:-

- student volunteering activities organised or facilitated by the Union's Volunteering Service, including student-led projects, and volunteer opportunities with external organisations;
- activities of Union Clubs and Societies;
- the Union's community projects.

1.2. In this policy and procedure:-

- 'relevant activities' includes all activities referred to at 1.1 above;
- 'staff' means staff taking part in relevant activities on a paid basis, whether working for the Union or its subsidiary, QMSU Services Limited;
- 'volunteer' includes any student or staff member taking part in relevant activities on a voluntary basis;
- 'adult' includes anyone aged 18 and over.

1.3. Volunteer opportunities with external organisations working with adults at risk will be subject to the safeguarding policies and procedures of the external organisation, unless it is agreed by the Union that this policy and procedure should apply. In all other cases, this policy and procedure will apply.

## **2. Adults at Risk – the Regulatory Framework**

2.1. *Protecting Adults at Risk: London's multi-agency policy and procedures to safeguard adults from abuse*, published in January 2011 ("*Protecting Adults at Risk*")<sup>1</sup>, represents the commitment of organisations in Greater London to work together to safeguard adults at risk.

2.2. "Adults at risk" has replaced the term "vulnerable adults", as used in "*No Secrets*", the Department of Health's Guidance issued in 2000, to avoid implications that some fault for the abuse lies with the adult abused.

2.3. Whilst the principal responsibilities for safeguarding adults at risk lie with agencies in the local safeguarding adults partnership, and in particular the local authority's adults social care services, *Protecting Adults at Risk* sets out current policy and procedures for all organisations working with adults at risk. *Protecting Adults at Risk* makes clear the policy and procedures in it will be subject to constant review and revision to improve the London wide response to abuse of adults at risk.

2.4. This policy and procedure is based on *Protecting Adults at Risk* and has been adopted by the Union's Board of Trustees, which is responsible for its review as necessary, and at least [every 2 years].

## **3. Purposes of this Policy and Procedure**

3.1. It should be noted that, as *Protecting Adults at Risk* makes clear, "in its broadest terms, safeguarding is everybody's business ... Adult abuse can happen to anyone, anywhere, and responsibility for dealing with it lies with us all as public, volunteers and professionals".

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<sup>1</sup> *Protecting Adults at Risk: London's multi-agency policy and procedures to safeguard adults from abuse* can be downloaded from [www.towerhamlets.gov.uk/](http://www.towerhamlets.gov.uk/)

- 3.2. The purposes of this policy and procedure are to:-
- acknowledge the Union's responsibilities for any activities which may involve working with adults at risk
  - confirm the commitment of the Union to protecting adults at risk and safeguarding them from abuse and neglect
  - set out the responsibilities of staff and volunteers working with adults at risk in relevant activities.

3.3. It should be noted that Queen Mary University of London (QMUL) has a separate *Policy and Procedures for the Protection of Children and Adults in Need of Safeguarding*. The QMUL Policy relates principally to activities organised and delivered by it. However, in some circumstances, it may be necessary for reference to be made to and action taken in accordance with that Policy. Where relevant, QMUL's advice will be sought.

#### 4. Meaning of Adult at Risk

4.1. *Protecting Adults at Risk* defines an "adult at risk" as a person "aged 18 or over who is or may be in need of community care services because of mental or other disability, age or illness, and who is or may be unable to take care of himself/herself or unable to protect himself or herself against significant harm or exploitation".

4.2. "Significant harm" is defined as "not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development".

4.3. An adult at risk may, therefore (though this list is not exhaustive), be a person who:-

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer, such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support.

4.4. **It is important to note, however, that a person falling into any of the above categories is not inevitably "at risk"**. Their vulnerability will depend on a range of factors including personal characteristics, factors associated with their situation or environment and social factors.

4.5. Further information on factors which may determine vulnerability is given in Table 1.1 in Section 1.2 of *Protecting Adults at Risk*, reproduced in **Appendix 1** below.

4.6. A key principle underlying *Protecting Adults at Risk* is that there is a presumption that adults have mental capacity to make informed decisions about their lives. If someone is considered not to have mental capacity, decisions will need to be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice.

4.7. Further information on mental capacity is contained in in Section 1.2.2 of *Protecting Adults at Risk*, reproduced in Appendix 4 below.

## **5. Meaning of Abuse**

- 5.1. *Protecting Adults at Risk* defines abuse as “a violation of an individual's human and civil rights by any other person or persons”, and as including “physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse”. Abuse may be a single act or repeated acts, an act of neglect or a failure to act, or multiple acts, for example, an adult at risk may be neglected and also being financially abused.
- 5.2. Further explanation of the meaning of abuse and examples of each type of abuse as referred to above are given Section 1.2.4 of *Protecting Adults at Risk*, reproduced in **Appendix 2** below.

## **6. The Union's Responsibilities**

### **6.1. Disclosure and Barring Service (DBS) Checks**

- 6.1.1 The Union will ensure that suitable enhanced DBS disclosures are obtained for staff whose duties include managing, coordinating or otherwise being involved in providing relevant activities, prior to their taking up any such duties.
- 6.1.2 External organisations offering volunteer opportunities involving working with adults at risk will themselves arrange for suitable enhanced DBS disclosures to be obtained for volunteers prior to their taking up a volunteer role, unless it is agreed that the Union should do on their behalf. In all other cases, the Union will ensure that suitable enhanced DBS disclosures are obtained for volunteers working in relevant activities, prior to their undertaking their volunteer role, other than in relation to one day or other occasional volunteering where there is no unsupervised access of volunteers to such adults. The Union will require such enhanced DBS disclosures to be obtained every 12 months.
- 6.1.3 International students may not be in a position to apply for a DBS disclosure. In this case, their volunteer role will not involve any unsupervised access to adults at risk.
- 6.1.4 Further information on DBS disclosures is contained in **Appendix 6** below.

### **6.2. Staff and Volunteer Management**

The Union will ensure that staff and volunteers involved in relevant activities:-

- are familiar with *Protecting Adults at Risk* to an extent appropriate to their role and level of responsibility;
- are familiar with this policy and procedure and understand their roles and responsibilities in relation to it;
- know how to recognise abuse, how to report it and how to respond to it; and
- will have access to training appropriate to their role and level of responsibility and receive appropriate management supervision

### **6.3. Appointment of Nominated Safeguarding Officer as the Alerting Manager and Safeguarding Adults Lead**

- 6.3.1 In *Protecting Adults at Risk*, the following expressions are used:-

an 'alert', meaning a concern that an adult at risk is or may be the victim of abuse or neglect; an alert may be a result of a disclosure, an incident or other signs or indicators;

an 'alerter', meaning a member of staff who raises a concern that an adult is being, has been or is at risk of being abused or neglected;

the 'Alerting Manager', being the member of staff to whom the alerter is expected to report their concern, and who is responsible for making referrals as detailed below;

the 'Safeguarding Adults Lead', being the member of staff in an organisation who is given the lead for safeguarding adults; this role may be combined with that of Alerting Manager.

6.3.2 In relation to relevant activities, the Union has appointed a Nominated Safeguarding Officer (NSO) as both the Alerting Manager and the Safeguarding Adults Lead for the purposes of *Protecting Adults at Risk*, and a Deputy NSO. Relevant contact details are contained in **Appendix 8** below.

#### 6.4. **Risk Assessment**

External organisations providing volunteer opportunities involving working with adults at risk will themselves carry out risk assessments in relation to their activities, unless it is agreed by the Union that it will do so. In all other cases, the Union will ensure that all relevant activities are suitably risk assessed

#### 6.5. **Working with External Organisations**

6.5.1 Where the Union works jointly with an external organisation in providing student volunteering activities involving working with adults at risk, the Union will ensure that appropriate arrangements are in place relating to respective responsibilities for safeguarding such adults, including relevant DBS disclosures and risk assessment.

6.5.2 Where external organisations working with adults at risk are afforded access to the Union's premises and/or facilities, the Union will ensure that appropriate evidence is obtained relating to the fulfillment by the external organisation of its responsibilities for safeguarding such adults, including relevant DBS disclosures, and risk assessment.

#### 6.6. **Record keeping**

6.6.1 In relation to relevant activities, the Union will ensure that:-

- records are kept relating to working with adults at risk, including alerts received, referrals made and any other work undertaken under safeguarding adults at risk procedures; and
- information relating to DBS disclosures obtained in relation to staff and volunteers working with adults at risk will be managed and used in accordance with the DBS Code of Practice.

6.6.2 Further information in relation to the DBS Code of Practice is contained in **Appendix 6** below.

#### 6.7. **Sharing Information**

6.7.1 The Union recognises that sharing of information may be necessary in safeguarding adults at risk. In keeping with recommended guidance, the Union will, wherever possible, ensure that the consent of an adult at risk is sought before information about them is shared.

6.7.2 Further information in relation to sharing information is given section 1.9.1 of *Protecting Adults at Risk*, reproduced in **Appendix 3** below.

### 7. **Responsibilities of all Staff and Volunteers**

7.1. In relation to relevant activities, all staff and volunteers are required:-

- to be familiar with *Protecting Adults at Risk* to an extent appropriate to their role and their level of responsibility;
- to be familiar with this policy and procedure and understand their roles and responsibilities in relation to it;
- to know how to recognise abuse, how to report it and how to respond to it;
- to undertake training on safeguarding adults at risk appropriate to their role and their level of responsibility; and
- to comply in all respects with the provisions of Clause 11 below on conduct and with any other requirements on conduct notified from time to time.

7.2. Further responsibilities of all staff and volunteers working with adults at risk in relation to alerts are set out below.

## **8. Responsibilities of the Nominated Safeguarding Officer**

8.1. In relation to relevant activities, the NSO (as the Safeguarding Adults Lead) is responsible for:-

- providing guidance and support to other staff and volunteers in relation to safeguarding matters, including raising alerts
- receiving alerts raised by other staff and volunteers
- deciding on appropriate courses of action in safeguarding matters, including making referrals in relation to alerts and other concerns
- acting as the point of contact between the Union and other agencies and organisations in safeguarding matters
- ensuring all appropriate records are kept in relation to work with adults at risk, including alerts received, referrals made and any other work undertaken under safeguarding adults at risk procedures.

8.2. Further responsibilities of the NSO (as Alerting Manger) in relation to referring alerts and other concerns are set out below.

## **9. Responsibilities of all Staff and Volunteers in relation to Alerts**

9.1. Any member of staff or volunteer involved in relevant activities who has any concern that an adult at risk has been, is being or is at risk of being abused, is required to raise their concern, as an alert, with the NSO. Where the NSO has any such concern they themselves are required to act as set out below.

9.2. Their concern may arise from an incident, from a disclosure by the adult at risk or any other person, or from any other signs or indicators, for example, the behaviour of the adult at risk or another person.

9.3. The staff member or volunteer with the concern is required to:-

- take such steps as are practicable to ensure that the adult at risk is in no immediate danger
- dial 999 for an ambulance if emergency medical treatment is needed
- consider contacting the police if a crime has been or may have been committed

9.4. Preserving evidence is important. Care should be taken to not disturb or remove articles which may be used in evidence. If in doubt, the staff member should contact the police and ask for advice. Relevant contact details are contained in **Appendix 8** below.

- 9.5. If an adult at risk makes a disclosure to a member of staff or volunteer, the member of staff or volunteer is required to:-
- listen carefully to what the adult at risk is saying, get as clear a picture as possible, but avoid asking too many questions at this stage;
  - explain to the adult at risk that they cannot promise complete confidentiality;
  - explain that they have a duty to tell their manager and that information may need to be shared with others who could help protect the adult at risk; and
  - re-assure the adult at risk that they will be involved in decisions made about them.
- 9.6. The staff member or volunteer should stay as calm as possible and take care not to be judgmental or jump to conclusions.
- 9.7. The staff member or volunteer should not discuss their concern with any person who may have caused any harm to an adult at risk, save to the extent necessary for the immediate welfare of the adult at risk.
- 9.8. The staff member or volunteer is required to make a written record of any incident or disclosure or any other signs or indicators giving rise to their concern as soon as practicable. A sample record form for such purposes is shown in **Appendix 7** below. Such record should include:-
- the date and time of any incident, disclosure or noting of signs or indicators
  - details of the incident, disclosure or any other signs or indicators
  - exact details of anything said by the adult at risk, using the adult at risk's own words wherever possible
  - the appearance and behaviour of the adult at risk, and details of any injuries
  - if any member of staff or volunteer witnessed an incident, details of what they saw
  - the name and signature of the person making the record.
- 9.9. The record should be factual, but if it contains any statements of opinion, they should be clearly identified as such. Information from another person should be clearly attributed to them.
- 9.10. Staff and volunteers are required to raise alerts with the NSO and ensure that any relevant written record is passed to them immediately as indicated on the record form. If a concern relates to the NSO, the member of staff or volunteer must raise the concern with the Union Chief Executive and ensure the relevant record is passed to the Chief Executive. Relevant contact details are contained in **Appendix 8** below.
- 9.11. For further information on raising an alert see Sections 2.3.1 and 2.3.3 of *Protecting Adults at Risk*.

## **10. Responsibilities of the Nominated Safeguarding Officer in relation to an Alert**

The NSO (as the Alerting Manager) is responsible for referring an alert as described below, but if delay would result in a high-risk situation, or the NSO has not taken action, anyone can refer.

### **10.1. Taking the appropriate course of action in relation to an alert**

10.1.1 Once an alert has been raised the NSO is required to act without delay. The NSO is similarly required to act without delay in relation to their own concerns.

10.1.2 In considering the appropriate course of action in relation to an alert, the NSO may need to consider the following, taking into account information sharing considerations:-

- making an immediate evaluation of the risk to the adult at risk;

- taking reasonable and practical steps to safeguard the adult at risk;
- referring to the police if a crime has been or may have been committed;
- if the matter is referred to the police, discussing risk management and any potential forensic considerations
- arranging any necessary emergency medical attention
- making a referral to the relevant adults social care services, or the emergency duty team if out of hours
- if a person causing the harm is also an adult at risk, arrange for their needs to be attended to
- making sure others are not at risk
- taking appropriate action in relation to any member of staff or volunteer suspected of abusing any adult at risk.

10.1.3 Relevant contact details are contained in **Appendix 8** below.

10.1.4 For further information on referring an alert see Section 2.3.2 of *Protecting Adults at Risk* Reference should also be made to the flowchart at figures 2.1 and 2.2 of *Protecting Adults at Risk* which are reproduced in **Appendix 5** below.

10.1.5 Further information in relation to sharing information is given section 1.9.1 of *Protecting Adults at Risk*, reproduced in **Appendix 3** below.

## 10.2. **Speaking to the Adult at Risk**

10.2.1 It may also be appropriate for the NSO (as the Alerting Manager) to speak to the adult at risk. In this case, the NSO should consider the following:-

- speaking to them in a private and safe place;
- getting their views on what has happened and what they want done about it;
- discussing what could be done to ensure their safety;
- giving them information about the safeguarding adults process and how that could help to make them safer;
- supporting them to ask questions about issues of confidentiality;
- identifying communication needs and personal care arrangements; and
- explaining how they will be kept informed and supported.

10.2.2 If it is felt that the adult at risk may not have the capacity to understand the relevant issues and to make decisions, this should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

10.2.3 It is important to establish whether the adult at risk has the capacity to make decisions and this may require the assistance of professionals. If the adult at risk is considered not having capacity to make decisions, relevant decisions and/or actions will need to be made in the person's "best interests". Their best interests will depend on all the circumstances, and this may require the advice of professionals.

10.2.4 Further information on mental capacity and consent is given in Sections 1.2.2 and 1.2.3 of *Protecting Adults at Risk*, reproduced in **Appendix 4** below.

## 10.3. **Deciding whether or not to make a referral**

10.3.1 If the NSO is unsure whether or not to make a referral in relation to an alert or concern, they should contact the relevant adults social care services, or the emergency duty team, if out of hours, for advice.

10.3.2 In all cases where a referral is made, the relevant adults social care services, or the emergency duty team, if out of hours, will give guidance on what steps are should be taken next. Relevant contact details are contained in **Appendix 8** below.

10.3.3 A referral should be made to the relevant adults social care services, or the emergency duty team, if out of hours, if:-

- there is a concern that an adult at risk has been or is at risk of being abused;
- the adult at risk has capacity to make decisions about their own safety and consents to a referral being made;
- the adult at risk is considered not to have capacity to make a decision about their own safety, and a decision has been made in their best interests to make a referral;
- a crime has been or may have been committed against an adult at risk who is considered not to have capacity to report a crime, and a decision has been made in their best interests to make a referral;
- the person causing the harm is also an adult at risk;
- other people are at risk from the person causing the harm;
- the concern is about institutional or systemic abuse;
- the abuse has been caused by a member of staff or volunteer.

10.3.4 Further information on making a referral is given in Sections 2.3.2 and 2.3.3 of *Protecting Adults at Risk*.

#### 10.4. **Taking a decision not to make a referral where consent is not given by the adult at risk**

10.4.1 If the adult at risk has capacity to make decisions and does not consent to a referral being made and there are no public or vital interest considerations, a referral should not be made.

10.4.2 The adult at risk should be given information about where to get help if they change their mind or if the abuse continues and they subsequently want support. The person making the referral must assure themselves that the decision not to consent is not made under undue influence, coercion or intimidation.

10.4.3 A record must be made of the concern, of the adult at risk's decision and of the decision not to make a referral, with reasons. A record should also be made of what information they were given.

#### 10.5. **Taking a decision to make a referral without consent of the adult at risk**

10.5.1 If there is an overriding "public interest" or "vital interest", a referral *must* be made. This will include situations where:-

- other people could be at risk from the person causing harm;
- there is a high risk to the health and safety of the adult at risk;
- it is considered the adult at risk lacks capacity to consent; or
- it is necessary to prevent a crime.

10.5.2 The adult at risk should be informed of the decision to make the referral and the reasons, unless telling them would jeopardise their safety or the safety of others.

10.5.3 *Protecting Adults at Risk* states, in relation to "public interest" and "vital interest":-

"Public interest - a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection".

“Vital interest is a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life threatening situations”.

10.5.4 Further information on mental capacity and consent is given in Sections 1.2.2 and 1.2.3 of *Protecting Adults at Risk*, reproduced in **Appendix 4** below.

## **11. Requirements on Staff and Volunteer Conduct**

11.1. In all relevant activities, all staff and volunteers:-

- must not be involved in rough or over-physical activities with an adult at risk and must avoid intrusive or inappropriate touching;
- must not use bad language and must not make any inappropriate comments or gestures to an adult at risk;
- must not carry out any intimate personal care for an adult at risk (for example, physical assistance in going to the toilet) or administer any medicine to them;
- must not take photographs or videos of an adult at risk on any personal camera or mobile device;
- should take care not to put themselves in a position of risk, for example by being alone with an adult at risk unnecessarily;
- .must not engage in any personal relationship with any adult at risk taking part in relevant activities;
- must not have any contact with any adult at risk outside relevant activities, including via mobile or email or through social media.

[\*photographs and video recordings may only be taken on the Union’s camera equipment, and only if expressly authorised by the member of staff or the external organisation responsible for the activity.]

11.2. Further requirements on staff and volunteer conduct may be issued from time to time in relation to specific relevant activities.

## Appendix 1 – Further information on factors determining vulnerability

The following table is an extract from *Protecting Adults at Risk*

Personal characteristics of the adult at risk that increase vulnerability may include:	Personal characteristics of the adult at risk that decrease vulnerability may include:
<ul style="list-style-type: none"> <li>• Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness</li> <li>• Communication difficulties</li> <li>• Physical dependency – being dependent on others for personal care and activities of daily life</li> <li>• Low self-esteem</li> <li>• Experience of abuse</li> <li>• Childhood experience of abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Having mental capacity to make decisions about their own safety</li> <li>• Good physical and mental health</li> <li>• Having no communication difficulties or if so, having the right equipment/support</li> <li>• No physical dependency or if needing help, able to self-direct care</li> <li>• Positive former life experiences</li> <li>• Self-confidence and high self-esteem</li> </ul>
Social/situational factors that increase the risk of abuse may include:	Social/situational factors that decrease the risk of abuse may include:
<ul style="list-style-type: none"> <li>• Being cared for in a care setting, that is, more or less dependent on others</li> <li>• Not getting the right amount or the right kind of care that they need</li> <li>• Isolation and social exclusion</li> <li>• Stigma and discrimination</li> <li>• Lack of access to information and support</li> <li>• Being the focus of anti-social behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Good family relationships</li> <li>• Active social life and a circle of friends</li> <li>• Able to participate in the wider community</li> <li>• Stigma and discrimination</li> <li>• Good knowledge and access to the range of community facilities</li> <li>• Remaining independent and active</li> <li>• Access to sources of relevant information</li> </ul>

## Appendix 2 – Further information on abuse

The following is an extract from *Protecting Adults at Risk*

### 1.2.4 Abuse

For the purpose of the Safeguarding Adults policy and procedures the term *abuse* is defined as:

... a violation of an individual's human and civil rights by any other person or persons which results in significant harm. (DH, 2000)

Abuse may be:

- a single act or repeated acts
- an act of neglect or a failure to act
- multiple acts, for example, an adult at risk may be neglected and also being financially abused.

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place in settings such as the person's own home, day or residential centres, supported housing, educational establishments, or in nursing homes, clinics or hospitals.

A number of abusive acts are crimes and informing the police must be a key consideration.

#### 1.2.4.1 Significant harm

In determining what justifies intervention and what sort of intervention is required, *No secrets* uses the concept of 'significant harm'. This refers to:

- ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- the impairment of, or an avoidable deterioration in, physical or mental health and/or
- the impairment of physical, intellectual, emotional, social or behavioural development.

The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

Seriousness of harm or the extent of the abuse is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the Safeguarding Adults policy and procedures.

*No secrets* puts forward the following factors to be taken into account when making an assessment of the seriousness of the risk to the person:

- vulnerability of the person
- nature and extent of the abuse or neglect
- length of time the abuse or neglect has been occurring
- impact of the alleged abuse on the adult at risk
- risk of repeated or increasingly serious acts of abuse or neglect
- risk that serious harm could result if no action was taken
- illegality of the act or acts.

Abuse can be viewed in terms of the following categories:

- physical
- sexual
- psychological/emotional
- financial and material
- neglect and acts of omission
- discriminatory
- institutional.

Many abusive behaviours may constitute a criminal offence. All suspected abuse must be investigated (see Stage Two: Making a referral in Section 2).

#### **1.2.4.2 Physical abuse**

Examples of physical assault are hitting, pushing, pinching, shaking, misusing medication, scalding, the misuse or illegal use of restraint, inappropriate sanctions, exposure to heat or cold and not giving adequate food or drink.

#### **Restraint**

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical abuse. There is a distinction to be drawn between restraint, restriction and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the effect and the manner of the implementation of the measure in question. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

Providers of health and social care must have in place internal operational procedures covering the use of physical interventions and restraint incorporating best practice guidance and the Mental Capacity Act, Mental Capacity Act *Code* and the Deprivation of Liberty Safeguards (DoLS) (see below).

#### **1.2.4.3 Sexual abuse**

Rape and other sexual assaults are among the most serious offences investigated by the Metropolitan Police Service (MPS). The trauma that victims suffer presents unique challenges to any investigation. It is incumbent on all staff to ensure that they are aware of the standards set out in this policy and procedures document and to ensure confidence of achieving the best possible response to the adult at risk. Staff should also make reference to any additional policies held by their organisation.

All staff should be aware of their individual roles and responsibilities to maximize all evidential opportunities to assist any investigation of a sexual nature and the minimum standards required regarding immediate response, recording and reporting.

Some examples of sexual abuse/assault include the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- they do not want or have not consented to
- they cannot understand and lack the mental capacity to be able to give consent to
- they have been coerced into because the other person is in a position of trust, power or authority, for example, a care worker.

They may have been forced into sexual activity with someone else or may have been required to watch sexual activity.

#### **1.2.4.4 Key principles**

- The most important priority is to ensure that the urgent medical and welfare requirements of the adult at risk are met.
- Preserve any potential forensic opportunities, and record verbatim the disclosure made by the adult at risk.
- Any sexual activity that is not freely consented to is criminal and must be reported immediately to the police via 999, before any internal investigation/interview.
- Sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are always abusive and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken.
- A sexual relationship between the service user and a care worker is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003.
- The MPS has specialised units called Sapphire Units ([www.met.police.uk/sapphire](http://www.met.police.uk/sapphire)) that investigate rape and serious sexual assaults. A specially trained officer will be responsible for arranging a forensic examination. This will normally be conducted at a sexual assault referral centre (The Havens, see [www.thehavens.co.uk](http://www.thehavens.co.uk)). However, if it is not appropriate for a client to be taken by police to The Havens, the officer will make arrangements for the examination to be facilitated elsewhere.

There may be Safeguarding Adults referrals that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all Safeguarding Adults referrals that indicate any form of sexual abuse require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

#### **1.2.4.5 Psychological/emotional abuse**

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- mental distress
- the denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the adult at risk to make choices and undermining their self esteem
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

It is the wilful infliction of mental suffering by a person who is in a position of trust and power to an adult at risk. Psychological/emotional abuse results from threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling, intimidation, coercion and bullying. It undermines the adult's self-esteem and results in them being less able to protect themselves and exercise choice. It is a type of abuse that can result from other forms of abuse and often occurs at the same time as other types of abusive behaviour.

Behaviour that can be deliberately linked to causing serious psychological and emotional harm may constitute a criminal offence. Specialist advice from the police should be sought.

#### **1.2.4.6 Financial abuse**

Financial abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- theft
- fraud
- exploitation
- undue pressure in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits
- the misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

#### **1.2.4.7 Neglect and acts of omission**

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide.

Behaviour that can lead to neglect includes including ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional. Intentional neglect would result from:

- wilfully failing to provide care
- wilfully preventing the adult at risk from getting the care they needed
- being reckless about the consequences of the person not getting the care they need.

If the individual committing the neglect is aware of the consequences and the potential for harm to result due to the lack of action(s) then the neglect is intentional in nature.

Unintentional neglect could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the adult at risk, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

#### **1.2.4.8 Discriminatory abuse**

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, 'race' or ethnic origin.

It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

#### **1.2.4.9 Institutional abuse**

Institutional abuse is the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

Institutional abuse can occur in any setting providing health and social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

- receive little support from management
- are inadequately trained
- are poorly supervised and poorly supported in their work
- receive inadequate guidance.

The risk of abuse is also greater in institutions:

- with poor management
- with too few staff
- which use rigid routines and inflexible practices
- which do not use person-centred care plans
- where there is a closed culture.

## Appendix 3 - Further information on sharing information

The following is an extract from *Protecting Adults at Risk*

### 1.9.1 Information sharing

Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.

In this context organisations could include not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and CPS, and organisations which provide advocacy and support where these organisations are involved in Safeguarding Adults enquiries, including raising an alert and participating in an investigation and/or making a contribution to protection plans.

Information will be shared within and between organisations in line with the principles set out below.

- Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so
- The person's wishes should always be considered, however, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved
- Information given to an individual member of staff belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult at risk
- An organisation should obtain the adult at risk's written consent to share information and should routinely explain what information may be shared with other people or organisations
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm
- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult
- Staff reporting concerns at work ('whistleblowing') are entitled to protection under the Public Interest Disclosure Act 1998

Decisions about what information is shared and with whom will be taken on a case-by-case basis. Whether information is shared with or without the adult at risk's consent, the information shared should be:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- be accurate and up to date
- be shared in a timely fashion
- be shared accurately
- be shared securely.

The information-sharing protocol sets out the following guidance for sharing information:

- sharing information with consent
- sharing information without consent
- information sharing when the person does not have capacity to consent
- sharing information between adults and children's services

- sharing information with the MPS.

## **Appendix 4 - Further information on mental capacity and consent**

The following is an extract from *Protecting Adults at Risk*

### **1.2.2 Mental capacity**

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation
- to take action themselves to prevent abuse
- to participate to the fullest extent possible in decision making about interventions.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act. The Act says that:

... a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.

Further, a person is not able to make a decision if they are unable to:

- understand the information relevant to the decision or
- retain that information long enough for them to make the decision or
- use or weigh that information as part of the process of making the decision or
- communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time- and decision-specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

#### **1.2.2.1 Principles of the Mental Capacity Act 2005**

- An adult at risk has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise
- Adults at risk must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions
- Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons
- Decisions made on behalf of a person who lacks mental capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms.

#### **1.2.2.2 Ill treatment and wilful neglect**

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act and

Mental Capacity Act *Code* as outlined above. Section 44 of the Act makes it a specific criminal offence to wilfully ill treat or neglect a person who lacks capacity.

### 1.2.3 Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded
- a Safeguarding Adults investigation going ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term
- the recommendations of an individual protection plan being put in place
- a medical examination
- an interview
- certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk.

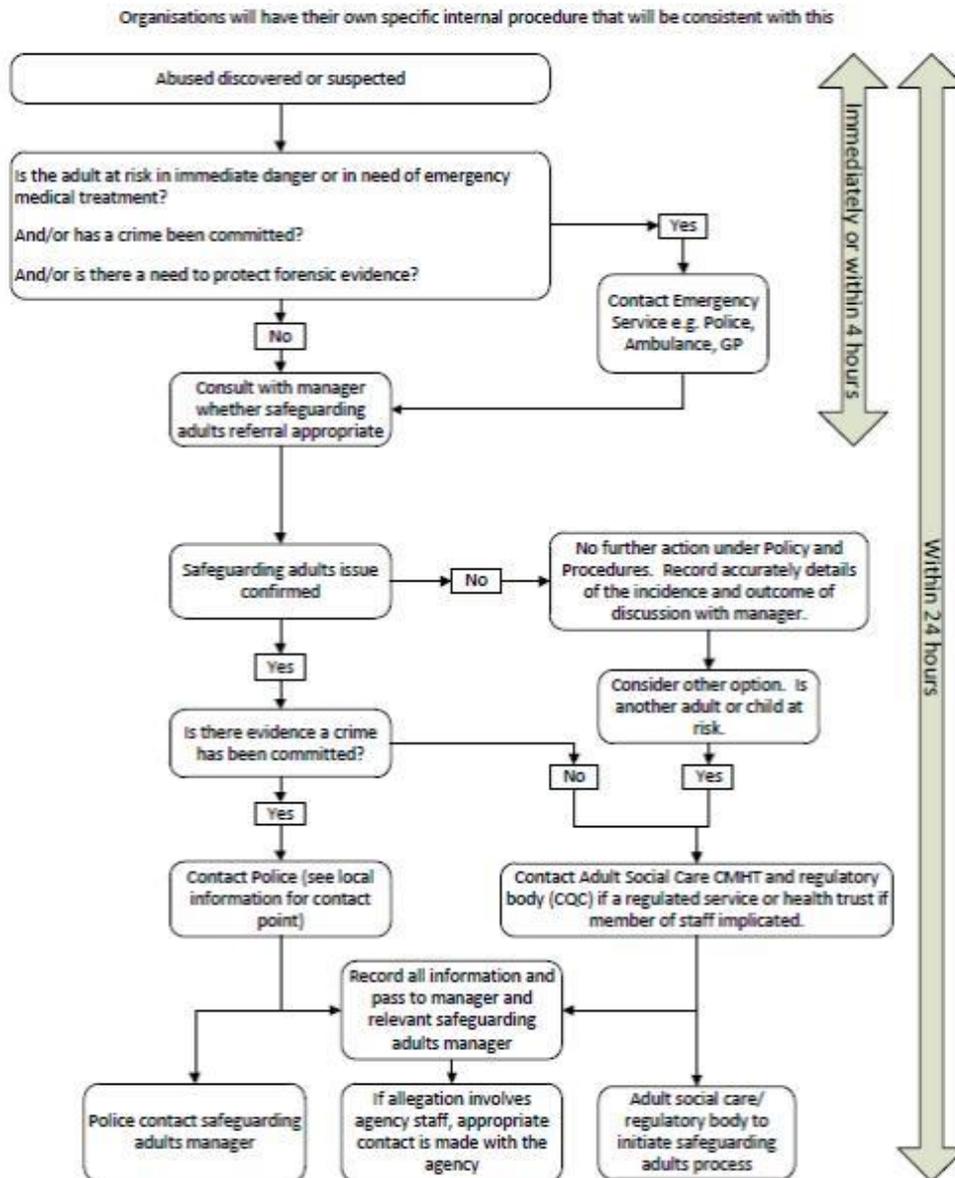
If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected *unless*:

- there is a public interest, for example, not acting will put other adults or children at risk
- there is a duty of care to intervene, for example, a crime has been or may be committed.

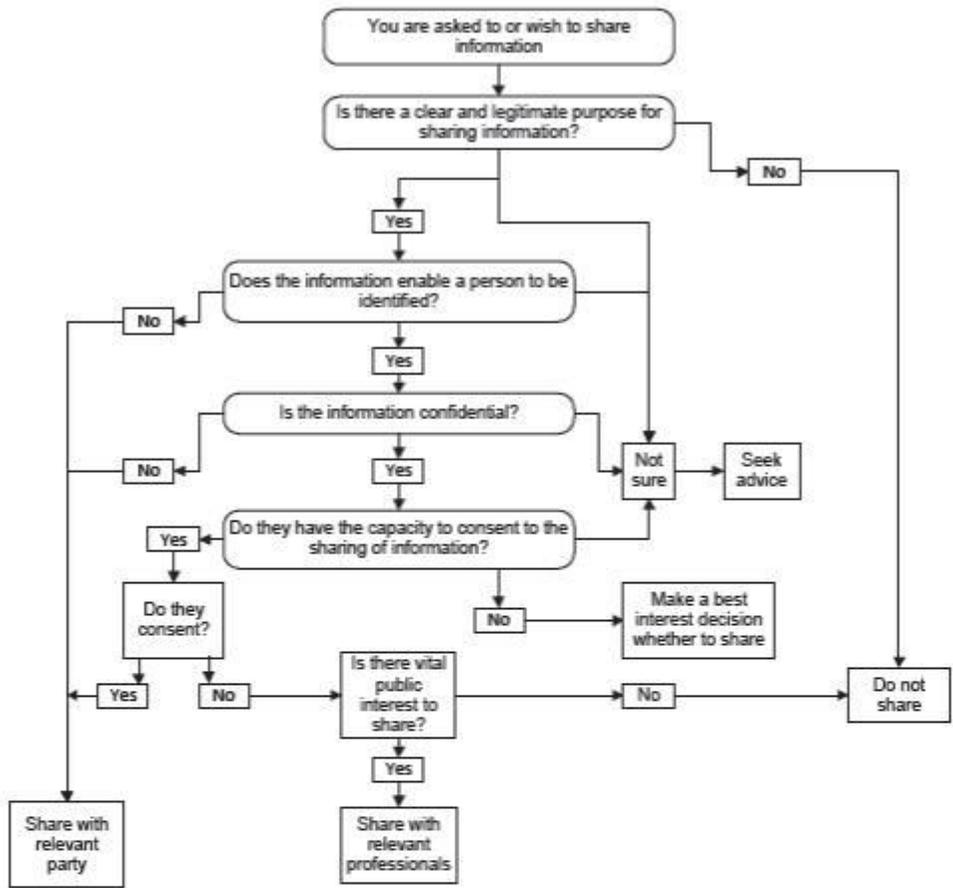
## Appendix 5

Flow charts from *Protecting Adults at Risk* relating to raising alerts and information sharing

Figure 2.1: Alerting action to be taken after becoming aware



**Figure 2.2: Flowchart of key questions for Information sharing**



- Key principles of information sharing**
- Identify how much information to share.
  - Distinguish fact from opinion.
  - Ensure that you are giving the right information to the right person.
  - Ensure you are sharing the information securely.
  - Inform the person that the information has been shared if they were not aware of this and it would not create or increase risk of harm.

Record the information sharing decision and your reasons, in line with your agency's or local procedures.

If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay.  
Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

Ref: information Sharing: Guidance for practitioners and managers HM Government 2008

## Appendix 6 - Further information on DBS disclosures

Disclosure information is used to assess the suitability of applicants for employment posts and volunteer roles in relation to the Union's activities involving working with adults at risk. Where caution, conviction or other information is disclosed, this will be considered in relation to the tasks involved in the post or role applied for, and the circumstances in which such tasks will be carried out.

In accordance with the DBS Code of Practice<sup>2</sup>:-

- Disclosure information will be kept securely in a locked filing cabinet and will be accessed only by those who need access to it in order to properly carry out their functions relating to recruitment and vetting processes.
- Disclosure information will be retained for no more than 6 months following recruitment to an employment post or volunteer role, unless otherwise agreed with the DBS. Disclosure information will be disposed of by shredding on site.
- No reproduction of a disclosure or its content will be made, including photocopies or scanned images, unless with the prior agreement of the DBS
- Any additional information, as defined for DBS purposes, including information as to its existence, will not be revealed to the disclosure applicant and will be disposed of in the appropriate manner and at the appropriate time.

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<sup>2</sup> [www.gov.uk/government/publications/dbs-code-of-practice](http://www.gov.uk/government/publications/dbs-code-of-practice)

**Appendix 7 - Record form for raising a concern as an alert**

Copies of the record form for current use are available from the Students' Union Hub Reception and the BLSA Box Office Reception. Completed forms should be passed immediately as indicated on the form.

<b>Union Activities involving Working with Adults at Risk</b> <b>Safeguarding Adults at Risk</b> <b>Record of Incident/Disclosure/other Signs or Indicators relating to Abuse</b> (refer to section 9.8 of the Union's Safeguarding Adults at Risk Policy and Procedure)	
Activity Group/Area:	
Your Name:	Your Position:
Name of Adult at Risk:	Date of Birth of Adult at Risk (if known) or age:
Date, time (approximate) and location of any Incident, Disclosure or Noting of other Signs or Indicators:	
Facts and Observations (continue overleaf and, if necessary, on a separate sheet):	

What was said by the adult at risk, by you, or by others relevant, using exact words where possible. Continue overleaf and, if necessary, on a separate sheet:

Action taken so far

Signed:

Dated:

*This form must be passed immediately to the Union's Nominated Safeguarding Officer or, if your concern relates to them, to the Union Chief Executive*

<b><i>This section is to be completed by the Union's Alerting Manager/other reporting person</i></b> <b>Details of External Agencies Contacted</b>		
<b>Police</b>  Yes/No	Station and officer	
	Contact no	
	Date & time	
	Advice received:	
<b>Social Services</b>  Yes/No	Name and position	
	Contact no	
	Date & time	
	Advice received:	
<b>Other</b>  Yes/No	Name of agency	
	Name and position	
	Contact no	
	Date & time	
	Advice received:	
<b>Union's Safeguarding Officer (as Alerting Manager) or other Reporting Person</b>		
Print Name		
Signature		
Date		

**The incident/disclosure/other signs or indicators should not be discussed with anyone other than those who need to know about them in order to protect the Adult at Risk**

## Appendix 8 - Relevant Contact Details at November 2014

*[these contact details may change from time to time and this appendix will be updated accordingly]*

If there is an emergency in relation to an adult at risk, **dial 999**

To contact the police in a non-emergency situation, **dial 101**

### **To contact the police at Tower Hamlets Multi-Agency Safeguarding Hub (MASH):**

Tel: 020 3276 3501

### **Tower Hamlets Adults Social Care Services:**

#### **The First Response Team**

Tel: 0207 364 5005

Email: [adultcare@towerhamlets.gov.uk](mailto:adultcare@towerhamlets.gov.uk)

#### **Emergency Duty Team (out of office hours):**

Tel: 0207 364 4079

### **Tower Hamlets Safeguarding Adults & MCA Liaison Service**

Room 2.4, 2nd floor, Gladstone Place

1 Ewart Place

London E3 5EQ

Tel: 020 7364 2019

Fax: 020 7364 2277

Email: [adultsafeguarding@towerhamlets.gov.uk](mailto:adultsafeguarding@towerhamlets.gov.uk)

This service is an advisory and liaison service and does not take referrals.

Referrals must be made to the First Response Team as above

### **The Union's Nominated Safeguarding Officer (NSO)**

(as Alerting Manager and Safeguarding Lead)

Sarah Gifford, Community and Employability Manager

Queen Mary, University of London Students' Union

Students' Union Hub

329 Mile End Road

London E1 4NT

Tel: 0207 882 5763

Email: [s.gifford@qmul.ac.uk](mailto:s.gifford@qmul.ac.uk)

### **Deputy NSO**

*[to be confirmed]*

### **The Union's Chief Executive**

Mike Wojcik

Tel: 0207 882 8033

Email: [m.wojcik@qmul.ac.uk](mailto:m.wojcik@qmul.ac.uk)