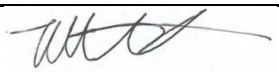
ROMSEY MILL
Creating opportunities with young people and families

SAFEGUARDING ADULTS AT RISK

Safeguarding Adults at Risk Policy Information			
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ROMSEY MILL

SAFEGUARDING ADULTS AT RISK 2026-2027

Policy & Guidelines

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1. INTRODUCTION

Romsey Mill is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines.

We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe.

Romsey Mill is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.

Romsey Mill is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.

2. POLICY STATEMENT

2.1 Everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

2.2 Romsey Mill is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

2.3 Romsey Mill acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

2.4 Romsey Mill recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

2.5 Romsey Mill recognises that there is a legal framework within which it needs to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

2.6 Actions taken by Romsey Mill will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

This policy should be read in conjunction with the *Safeguarding Children Policy*.

3. AIM OF THE POLICY AND GUIDING PRICINCIPLES

3.1 The purpose of this policy is to demonstrate the commitment of Romsey Mill to safeguarding adults and to ensure that staff and volunteers involved in programme delivery are aware of:

- The legislation, policy and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

3.2 In order to implement this policy Romsey Mill will ensure that:

- Everyone involved with Romsey Mill is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with Romsey Mill's *Safeguarding Adults at Risk Policy*.
- The well-being of those at risk of harm will be put first, they will be actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to.
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns will be maintained and securely stored in line with Romsey Mill's Data Protection Policy and Procedures.
- Romsey Mill will cooperate with the police and the relevant local authorities in taking action to safeguard an adult.
- Trustees, staff and volunteers will be clear on their role and responsibility for safeguarding adults and have undertaken safeguarding adult training and learning opportunities appropriate for their role.
- Romsey Mill uses safer recruitment practices and assesses the suitability of volunteers and staff to prevent the employment/deployment of unsuitable individuals (*see Safer Recruitment Policy*).
- Romsey Mill will share information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Services, Police, Local Authority/Social Services.

4. SCOPE AND SPECIFIC RESPONSIBILITIES

This policy and associated procedures apply to all individuals involved in Romsey Mill. We expect those using our premises to also demonstrate their commitment to the principles and practice as set out in this *Safeguarding Adults at Risk Policy*.

4.1 **The Board of Trustees are responsible for:**

- Ensuring the *Safeguarding Adults at Risk Policy* is reviewed and adopted on an annual basis or whenever there are changes in relevant legislation and/or government guidance as required by the Local Safeguarding Board or as a result of any other significant change or event.

- Ratifying the appointment of the Designated Safeguarding Lead (DSL).
- Nominate a Trustee to be responsible for Safeguarding.

4.2 **The Chief Executive Officer is responsible for:**

- Ensuring the proper application of the *Safeguarding Adults at Risk Policy*.
- Appointing a Designated Safeguarding Lead (DSL) ensuring they are properly trained and supported.
- Allocating the resources required to support the Designated Safeguarding lead.
- Fulfilling the function of the Named Senior Officer when dealing with allegations or serious concerns in respect of any adult who works or volunteers with children or vulnerable adults at Romsey Mill.

4.3 **The Designated Safeguarding Lead (DSL) is responsible for:**

- Co-ordinating and overseeing the *Safeguarding Adults at Risk Policy* and ensuring that all employees and volunteers know the policy and are given appropriate training according to their role to ensure the procedures operate effectively.
- Ensuring the policy is available publicly and on Romsey Mill's website at www.romseymill.org.
- Undertaking a review of the policy on an annual basis.
- Reporting quarterly to the Programme Committee on issues relating to safeguarding adults at risk, to ensure that it is an ongoing priority issue and that procedures are being followed at all levels of the organisation.
- Dealing with allegations, concerns and disclosures of abuse or abusive practice.
- Making referrals or supporting another member of staff to make a referral to appropriate statutory authorities, i.e. police or social care.

4.4 **Staff and volunteers are responsible for:**

- Providing a safe environment for adults at risk.
- Being the first point of call for an adult protection concern.
- Contacting the DSL if they have safeguarding concerns.
- Adhering to the *Safeguarding Adults at Risk Policy*.
- Sharing information to enable informed assessments and good practice.
- Keeping clear, detailed and accurate records of disclosures or situations.
- Discussing issues and concerns with line managers or designated people immediately.
- Using appropriate behaviour and language when working with adults at risk.
- Acting on concerns, suspicions, facts and disclosures.
- Raising concerns regarding a colleague's practice.

5. SAFEGAURDING ADULTS' LEGISLATION

5.1 Adults may have care and support needs or experience circumstances that increase their risk of abuse or neglect, or make it more difficult for them to protect themselves. Abuse and neglect can have devastating effects on a person's physical, mental, emotional, social and spiritual wellbeing, as well as on their children and other people connected to them.

5.2 Safeguarding adults at risk can also be an important part of safeguarding children. Where an adult is experiencing abuse, neglect or other harmful circumstances, consideration must be given to the safety and wellbeing of any children who may be affected. Equally, adults may have experienced abuse or other harmful experiences during childhood that continue to affect their confidence, self-worth, relationships and resilience. These experiences should be considered sensitively when identifying support and safeguarding needs.

5.3 The Care Act 2014 is the primary legislation governing adult safeguarding in England. Section 42 sets out the circumstances in which a local authority must make, or arrange, safeguarding enquiries where it has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and, as a result of those needs, is unable to protect themselves. Care Act 2014

5.4 The Care and Support Statutory Guidance provides guidance on the implementation of the Care Act 2014, including adult safeguarding responsibilities, responding to concerns, multi-agency working and information sharing. Romsey Mill will have regard to the current statutory guidance and any subsequent amendments or updates. Care and support statutory guidance - GOV.UK

5.5 The Human Rights Act 1998 protects fundamental rights and freedoms that are relevant to safeguarding adults. These include the right to life (Article 2), the prohibition of torture and inhuman or degrading treatment (Article 3), and the right to respect for private and family life (Article 8). These rights are relevant when considering how adults are protected from harm and how safeguarding decisions affect their dignity, autonomy and relationships. Human Rights Act 1998.

5.6 The six key principles that underpin adult safeguarding, as set out in the Care and Support Statutory Guidance, are:

- **Empowerment** – People are supported and encouraged to make their own decisions and give informed consent wherever possible.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The response should be the least intrusive appropriate to the risk presented.
- **Protection** – Support and representation should be provided to people who need it most.
- **Partnership** – Local solutions are developed through services working with adults, their communities and relevant organisations. Communities have a part to play in preventing, detecting and reporting abuse and neglect.
- **Accountability** – Safeguarding arrangements should promote accountability and transparency in decision-making and practice.

6. DEFINITION OF AN ADULT AT RISK

6.1 As defined by the Care Act 2014 an **adult at risk** in England is an individual aged 18 years and over who:

(a) has needs for care and support (whether or not the local authority is meeting any of those needs) AND;

(b) is experiencing, or at risk of, abuse or neglect, AND;
(c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

6.2 The term 'Adult at Risk', is a short form of the phrase 'An adult at risk of abuse or neglect' and refers to adults who may have safeguarding needs according to the Care Act (2014).

6.3 As set out in the Care Act 2014, statutory adult safeguarding duties exist when adults who are experiencing, or at risk of, abuse or neglect cannot protect themselves due to their care and support needs.

7. WELL-BEING AND PERSON-CENTRED SAFEGUARDING

7.1 **Well-being** - The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of an adult, or their carer. This is sometimes referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support. The wellbeing principle applies in all cases where carrying out any care and support function, making a decision, or undertaking an adult safeguarding enquiry or plan.

The wellbeing principle marks a shift from "providing services" to the concept of "meeting needs". To promote wellbeing, it should be assumed that individuals are best placed to judge their own wellbeing, their individual views, beliefs, feelings, wishes are paramount. Individuals should be empowered to participate as fully as possible.

7.2 **Person Centred Safeguarding** - Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what is known about what makes safeguarding effective from the perspective of the adult being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving the adult's quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them.

7.3 Staff and volunteers should work with the adult to establish what being safe means to them and how that can be best achieved. They should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act 2014. It is important to listen to the adult both in terms of the alleged abuse and in terms of what resolution they want. Individuals have a right to privacy; to be treated with dignity and to be enabled to live an independent life.

7.4 The focus of the adult safeguarding procedure is on achieving an outcome which supports or offers the person the opportunity to develop or to maintain a private life. This includes the wishes of the adult at risk to establish, develop or continue a relationship and their right to make an informed choice. Practice should involve seeking the person's desired outcomes at the outset and throughout the safeguarding arrangements and checking whether those desired outcomes have changed or have been achieved.

7.5 Intervention should be proportionate to the harm caused, or the possibility of future harm. As well as thinking about an individual's physical safety it is necessary to also consider the outcomes they want to see and take into account their overall happiness and wellbeing.

7.6 Assessments of risk should be undertaken in partnership with the person, who should be supported to weigh up risks against possible solutions. People need to be able to decide for themselves where the balance lies in their own life, between living with an identified risk and the impact of any Safeguarding Plan on their independence and/or lifestyle.

8. TYPES OF ABUSE AND NEGLECT

8.1 Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

8.2 There are different types and patterns of abuse and neglect and different circumstances in which they may take place. Abuse can take place in any relationship and there are many contexts in which abuse might take place, e.g. Institutional Abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber Bullying, Scams.

8.3 Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance, exploitation and abuse of power are common themes. It is not an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

8.3.1 **Physical abuse -** non-accidental harm to the body caused by the use of force and resulting in pain, injury or a change in the person's natural physical state. It includes assault, hitting, slapping, pushing, misuse of medication, restraint and inappropriate physical sanctions.

Possible indicators:

- Injuries that are on unusual sites e.g. cheeks, ears, neck, inside, mouth
- Burns or scalds with clear outlines or have a uniform depth over a large area, e.g. buttocks
- Injuries that are the shape of objects e.g. a hand, teeth, cigarette
- Presence of several injuries or scars of a variety of ages
- Injuries that have not received medical attention
- A person being taken to many different places to receive medical attention
- Skin infections
- Dehydration
- Unexplained weight changes
- Medication being 'lost'
- Behaviour that indicates that the person is afraid of the alleged person causing harm

8.3.2 **Sexual abuse -** including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting including indecent exposure, inappropriate looking or

touching, sexual teasing or innuendo, sexual harassment, sexual photography, subjection to pornography or witnessing sexual acts.

Possible indicators:

- Sexually transmitted diseases or pregnancy
- bruises or tears or in genital / anal areas, e.g. inner thighs, breasts
- Soreness when sitting
- Signs that someone is trying to take control of their body image e.g. anorexia or bulimia, self-harm
- Sexualised behaviour or language
- Oral infections
- Showered with excessive gifts/rewards

The signs that a person may be experiencing sexual abuse and psychological abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that may be carried out in "grooming".

8.3.3 **Psychological abuse -** including 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.

Possible indicators:

- Difficulty gaining access to the adult on their own or difficulty in the adult gaining opportunities to contact you
- The adult not getting access to medical care or to appointments with other agencies
- Low self esteem
- Lack of confidence and anxiety
- Increased levels of confusion
- Increased urinary or faecal incontinence
- Sleep disturbance
- Person feeling/acting as if they are being watched all of the time
- Decreased ability to communicate
- Communication that sounds like things that the alleged person causing harm would say, language being used that is not usual for the person accessing services
- Deference/submission to the alleged person causing harm

8.3.4 **Neglect and acts of omission** - including ignoring medical, emotional and 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 and heating.

Possible indicators:

- Malnutrition
- Rapid or continuous weight loss
- Not having access to necessary physical aids

- Inadequate or inappropriate clothing
- Untreated medical problems
- Pressure ulcers which could have been avoided
- Dirty clothing/bedding
- Lack of personal care
- If neglect is due to a carer being overstretched or under-resourced the carer may seem very tired, anxious or apathetic

8.3.5 **Financial or material abuse -** including theft, fraud, exploitation, 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.

Possible indicators:

- Change in material circumstances
- Sudden loss of assets
- Unusual or inappropriate financial transactions
- Visitors whose visits always coincide with the day the person receives their benefits
- Insufficient food in the house
- Bills not being paid
- Person who is managing the finances overly concerned with money
- Sense that the person is being tolerated in the house due to the income they bring in, person not included in the activities the rest of the family enjoys
- Unusually high levels of debt

8.3.6 **Modern slavery -** encompasses slavery and the illegal exploitation (criminal & sexual) of people for personal gain, human trafficking, forced labour and domestic servitude. Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Possible indicators:
A person may -

- Show signs of physical and / or psychological abuse, look malnourished, unkempt, or appear withdrawn
- Rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work
- Be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address
- Have no identification documents, have few personal possessions and always wear the same clothes. What clothes they do wear may not be suitable for their work
- Have little opportunity to move freely and may have had their travel documents retained, e.g. passports
- Avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of

deportation, fear of violence to them or their family. be dropped off / collected for work on a regular basis either very early or late at night

8.3.7 **Discriminatory abuse -** including forms of harassment and slurs or similar treatment on grounds of race, gender and gender identity, age disability, sexual orientation and religion.

Possible indicators:

- Person highly concerned about race, sexual preference etc.
- Tries to be more like others
- Reacts angrily if any attention is paid to race, sex etc.
- Carer overly critical/anxious about these areas
- Disparaging remarks made
- Person made to dress differently
- An older person being acutely aware of age or 'being a burden'

8.3.8 **Organisational abuse -** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Factors that may contribute to organisational abuse:

- Weak or oppressive management
- Inadequate staffing (numbers, competence)
- Inadequate staff and volunteers' supervision or support
- Insufficient training
- Rigid routines
- Closed communication channels

Possible indicators:

- Over-medicating people
- Lack of social / leisure activities
- Lack of personal clothing and possessions
- Deprived environment and lack of stimulation
- People referred to or spoken to with disrespect
- Inappropriate physical interventions
- Unsafe environments
- Absence of effective Care Plans and risk-assessments
- Absence of a caring environment and culture

8.3.9 **Self-Neglect -** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern. It should be noted that self-

neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on assessment of mental capacity and the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Possible indicators:
Those who self-neglect may have -

- Pride in self-sufficiency
- A sense of connectedness to place and possessions
- A drive to preserve continuity of identity and control; traumatic life histories and events that have had life changing effects

Causes of self-neglect may include -

- Physical problems
- Mental health problems
- Personality
- History of trauma
- Substance misuse
- Lack of social networks
- Isolation
- Old age

Multiple factors may exist with one person

8.3.10 **Domestic abuse -** is officially classified as "any incident or pattern of incidents of controlling, coercive, threatening behavior, 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 can include emotional abuse as well as forced marriage and so-called "honour crimes". It's considered abuse if a partner, ex-partner or a family member:

- Threatens/frightens an individual
- Shoves or pushes an individual
- Makes an individual fear for their physical safety
- Puts an individual fear for their physical safety
- Puts an individual down, or attempts to undermine their self-esteem
- Controls an individual, for example by stopping them seeing friends and family
- Is jealous and possessive, such as being suspicious of friendships and conversations

Possible indicators:
An intimate partner or family member -

- Tries to keep the person from seeing friends or family
- Prevents them from continuing or starting a college course, or from going to work
- Constantly checks up or follows them
- Accuses them unjustly of flirting or of having affairs
- Constantly belittles or humiliates them or regularly criticises or insults them in front of other people

- Deliberately destroys their possessions
- Hurts or threatens them or their children
- Keeps them short of money or items need for their care
- Forces them to do something that they didn't want to do

9. WHO ABUSES AND NEGLECTS ADULTS?

9.1 Often the perpetrator is known to the adult and may be in a position of trust and/or power but anyone can perpetrate abuse or neglect, including:

- A spouse, partner or family member
- Neighbours or local residents
- Friends, acquaintances or strangers
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff, professionals or volunteers providing care and support

10. ADULTS AT RISK OF RADICALISATION

10.1 'Radicalisation' refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups (*see Prevent Policy*).

10.2 Violent extremists may target vulnerable people and use charisma and persuasive rationale to attract people to their cause. Radicalisation can be abusive and require a Safeguarding referral. If someone is at risk of radicalisation you can help them get support and prevent them becoming involved in terrorism and potentially violent activities by raising concerns via Prevent@cambs.pnn.police.uk or completing the National Prevent Referral Form.

10.3 The Government's **Prevent** strategy:

- responds to ideological challenge faced from terrorism and aspects of extremism, and the threat faced from those who promote these views
- provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
- works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that need to be addressed

10.4 **Channel** is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. *Channel* uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services, the police) and the local community to identify individuals at risk of being drawn into terrorism; to assess the nature and extent of that risk; and to develop the most appropriate support plan for the individuals concerned. *Channel* is about preventing children, young people and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

10.5 Radicalisation can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or social media, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of individuals. As with managing other safeguarding risks, staff and volunteers should be alert to changes in the behaviour of individuals which could indicate that they may be in need of help or protection.

10.6 If a member of staff or a volunteer has a concern that an adult may be at risk of radicalisation or involvement in terrorism, they should speak with the Designated Safeguarding Lead.

10.7 Romsey Mill has a duty under the Counter-Terrorism and Security Act 2015, to "have due regard to the need to prevent people from being drawn into terrorism". This is known as the "prevent duty".

10.8 In order to fulfil this duty staff and volunteers at Romsey Mill must:

- Identify those who are vulnerable to radicalisation
- Know what to do when vulnerable adults are identified
- Recognise that risk of radicalisation is part of their safeguarding duties whether from within the family or from outside influences
- Build resilience to radicalisation, including the ability to challenge extremist arguments. Staff and volunteers should seek to create a safe environment where individuals can debate controversial issues and understand how they can influence and participate in decision-making.

11. MENTAL CAPACITY AND DECISION MAKING

11.1 The Mental Capacity Act 2005 (MCA) applies in England and Wales and provides a legal framework for people aged 16 and over who may be unable to make particular decisions for themselves. The Act is based on five key principles:

- A person must be assumed to have mental capacity unless it is established that they lack capacity in relation to the particular decision.
- A person must not be treated as unable to make a decision unless all practicable steps to help them make it have been taken without success.
- A person must not be treated as lacking capacity simply because they make a decision that others consider unwise.
- Any decision or action taken on behalf of a person who lacks capacity must be in their best interests.
- Before a decision or action is taken, consideration must be given to whether its purpose can be achieved in a way that is less restrictive of the person's rights and freedom of action.

11.2 Mental capacity is specific to the decision being made and the time at which it needs to be made. A person may have capacity to make some decisions but not others, and their capacity may

change over time. A diagnosis, disability, mental health condition or physical illness does not, in itself, mean that a person lacks capacity.

11.3 Under the MCA, a person is unable to make a particular decision if, because of an impairment of, or disturbance in the functioning of, their mind or brain, they are unable to do one or more of the following:

- Understand the information relevant to the decision.
- Retain that information for long enough to make the decision.
- Use or weigh that information as part of the decision-making process.
- Communicate their decision by any means.

The assessment must relate to the specific decision. A person should not be considered unable to make a decision simply because they need information explained differently, require additional time or support, or communicate in a way that others may not immediately understand.

11.4 A person's ability to make a decision may fluctuate. For example:

- A person with epilepsy may temporarily be unable to make a particular decision following a seizure.
- Someone experiencing significant anxiety may need additional time or support before they can make a decision.
- A person affected by medication that causes fatigue may find decision-making more difficult at that time.

Where it is safe and practicable to do so, a decision should be delayed if the person is likely to regain or develop the ability to make it themselves. The person should be supported to participate as fully as possible.

11.5 People must be given appropriate support to make their own decisions wherever possible. This may include using clear and accessible language, visual aids, communication support, allowing additional time, choosing an appropriate environment or involving someone who can help the person understand the options. All practicable steps to support decision-making must be taken before concluding that a person lacks capacity.

11.6 Mental capacity is an important consideration in safeguarding adults. Preventing a person from making decisions they are able to make may undermine their rights and autonomy and, depending on the circumstances, may form part of abuse or neglect. For example, a disabled adult may wish to participate in an activity but be prevented from doing so by a person who is unwilling to provide the support they need. Equally, an adult should not be pressured into an activity simply because others believe it would benefit them.

11.7 An adult who is experiencing abuse may be frightened of the consequences of acting against the wishes of the person causing harm. Coercion, threats, intimidation and undue influence must be taken seriously as safeguarding concerns. However, being frightened, pressured or controlled does not automatically mean that a person lacks mental capacity. Staff should consider whether

the person can make the particular decision, whether they are being given a genuine opportunity to express their wishes freely, and what safeguarding action may be required.

11.8 When abuse or neglect is suspected, staff must seek to understand and respect the adult's wishes, feelings and desired outcomes, including their views about sharing information or involving other people. Consent and mental capacity are separate considerations: an adult may have capacity to make a decision but may decline help or a referral. Any decision to share information or refer a concern without consent must be considered in accordance with the safeguarding procedures, applicable law and the need to protect the adult or others from harm. Staff should seek advice from the Designated Safeguarding Lead (DSL) where necessary and must not assume that a concern can be disregarded solely because the adult does not consent to a referral.

11.9 Where a person is established to lack capacity in relation to a particular decision, any decision made or action taken on their behalf must comply with the MCA. This means that:

- The person must be supported and involved in the decision as far as possible.
- The decision must be made in their best interests, taking account of their past and present wishes and feelings, beliefs and values, and other relevant circumstances.
- Where appropriate, relevant family members, carers or other people interested in the person's welfare should be consulted, provided this is lawful and appropriate.
- Consideration must be given to whether the purpose can be achieved in a way that is less restrictive of the person's rights and freedom of action.

The fact that someone lacks capacity for a particular decision does not give staff or family members a general right to make decisions for them. Any action must be lawful, proportionate and within the decision-maker's authority.

11.10 If staff are concerned that an adult may lack capacity to make a particular decision relating to their safety or welfare, they must report the concern to the DSL and follow the organisation's safeguarding procedures. Staff should record the concerns, the support offered to help the person make the decision, the person's wishes and feelings, and any immediate risks. Where appropriate, a referral should be made to Adult Social Care or another relevant professional or service for advice, assessment and support. Any assessment of capacity must relate to the specific decision in question and be undertaken by the person responsible for making that decision, with appropriate professional input where required. Safeguarding concerns must be referred promptly where necessary, regardless of whether a formal capacity assessment has already taken place.

12. RESPONDING TO ADULT SAFEGUARDING CONCERNS

12.1 If a member of staff or volunteer has a safeguarding concern regarding an adult, they should raise this concern through completing a concern form and speaking to the DSL as it will enable a proper assessment and enquiry to be carried forward.

12.2 In deciding whether to raise a safeguarding concern, consider the following questions:

- Is the person an 'adult at risk' as defined within the Care Act?

- Is the person experiencing, or at risk of, abuse and neglect?
- What is the nature and seriousness of the risk?
- What does the adult at risk want to happen now?

12.3 The adult at risk should experience the safeguarding process as empowering and supportive. Staff and volunteers should seek to agree actions with the adult at risk, taking into consideration their desired outcomes of any support provided.

12.4 Desired outcomes are those changes that the adult at risk wants to achieve from the support they receive, such as wanting the abuse to stop, maintaining family relationships or friendships, feeling safe at home, getting access to other services, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system.

12.5 Consent to share the information with adult safeguarding should be sought where possible. There may be circumstances where consent cannot be obtained because the adult lacks the capacity to give it or is subject to coercion or undue influence. There are occasions when you may need to raise a concern without the person's consent, for example:

12.6 It is in the public interest,

- There is a risk to other 'adults at risk', or children, or
- The concern is about organisational abuse, or
- The concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk, or
- The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care
- The person lacks capacity to make specific decisions to consent and a decision is made to raise a safeguarding concern in the person's "Best Interests"(Mental Capacity Act 2005)
- A person is subject to coercion or undue influence, to the extent that they are unable to give consent
- It is in the adult's vital interests (to prevent serious harm or distress or life- threatening situations)
- If you are not sure whether you should raise a safeguarding concern, you should seek advice

13. RESPONDING TO DISCLOSURES OF ABUSE OR NEGLECT

13.1 If an adult discloses abuse it is important that they are supported. Staff and volunteers should:

- Remain calm and do not show shock or disbelief
- Help the adult to stay in control and find out what they want to happen next
- Listen carefully to what is being said using aids where necessary to support communication. Record it in detail using the words that they used
- Use open ended questions using TED principles; Tell me, Explain, Describe
- Be aware of the possibility that medical evidence may be needed

- Demonstrate an empathetic approach by acknowledging regret and concern that what has been reported has happened
- Do confirm that the information will be treated seriously
- Give the person contact details so that they can report any further issues or ask any questions that may arise
- Ensure that the person with care and support needs receives regular feedback and updates, in the format that best suits their needs
- Ensure that any emergency action needed has been taken
- Ensure that those who need to be informed have been informed

13.2 Tell the 'adult at risk' that:
It was not their fault, and they were right to tell you

- You must inform the DSL or another Designated Person
- The DSL will contact the Multi-Agency Safeguarding Hub
- The Multi-Agency Safeguarding Hub will consider the 'adult at risks' wishes and whether they consent to the matter being progressed further. There will be circumstances where an enquiry may have to progress even if they do not give their consent.
- Do not press the individual for more details
- But do not stop someone who is freely recalling significant events, as they may not tell anyone again
- Do not ignore the issue
- Do not promise to keep secrets, but do explain that the information will only be passed to those who 'need to know', and try to be specific about who these might be
- Do not make promises that you cannot keep (such as 'this will not happen to you again')
- Do not be judgemental e.g. 'Why didn't you run away?'
- Do not tell anybody who doesn't need to know – remember the rules of confidentiality
- Do not ask leading questions e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it

14. WHAT TO DO IF SOMEONE IS HURT OR DISLCOSES ABUSE

14.1 Anyone who becomes aware of concerns of abuse **must report** those concerns **as soon as possible** to the DSL or another Designated Person at Romsey Mill either verbally or using the Safeguarding Concern Form. This is particularly important:

- If the adult remains in or is about to return to the place where the suspected/alleged abuse occurred
- If the alleged abuser is likely to have access to the adult or others who might be at risk

14.2 Your immediate duty is to protect the person with care and support needs, seek any emergency help and report the concern. You must not delay acting. If it is not possible to get hold of the DSL or another DP or the concern has arisen 'out of office hrs' then the Multi-Agency Safeguarding Hub via the Customer Services should be contacted:

- **Cambridgeshire**
  Customer Services (9am to 5pm Monday to Friday)

Telephone 0345 045 5202
Email: referral.centre-adults@cambridgeshire.gov.uk

- **Peterborough**
  Adult Social Care (9am to 5pm Monday to Friday)
  Telephone – 01733 747474
  Email: adultsocialcare@peterborough.gov.uk

- **In an emergency**, outside office hours, if someone is in danger and unable to protect themselves or cannot remain in the community without immediate intervention telephone 01733 234724 and / or dial 999

If a person is in immediate danger or repeated significant harm or has just been the victim of a serious crime, call the police or ambulance immediately on 999. Tell the emergency service that the person is an adult with care and support needs.

15. CONFIDENTIALITY OR IF CONSENT TO RAISE A CONCERN IS DECLINED

15.1 If an adult in need of protection or any other person makes a disclosure to you asking that you keep it confidential, you must inform the person that you will respect their right to confidentiality as far as you are able to, but that you are not able to keep the matter secret and that you must inform the designated safeguarding lead.

15.2 If an adult at risk withholds consent, a decision on whether to proceed or not should be based on an assessment of whether the conditions to override consent are met, i.e. that it is in the public interest. For example:

- There is a risk to other 'adults at risk', or children, or
- The concern is about organisational abuse, or
- The concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk, or
- The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care
- Note that a risk to other "adults at risk" may include financial scams or other forms of exploitation
- The adult lacks capacity to make the specific decision to consent to share information and a decision is made to raise a safeguarding concern in the person's "Best Interests"(Mental Capacity Act 2005)
- The adult is subject to coercion or undue influence, to the extent that they are unable to give consent
- It is in the adult's vital interests (to prevent serious harm or distress or life- threatening situations)

15.3 If the decision is made to progress without the adults consent the adult should be advised of this, unless to do so would put them at risk, and involvement offered on whatever basis the adult is comfortable with.

15.4 It is the local authorities' decision not to follow its section 42 duty, if the decision is to stop the adult safeguarding procedures the adult should receive clear information on how to get help if they wish to, or if matters deteriorate. The rationale for the decision not to proceed should be clearly recorded by the decision maker.

15.5 If the person with care and support needs does not want intervention and they have the capacity to make this decision, and if there are no other grounds or a legal requirement to intervene, it is still possible to work alongside him/her – with their consent. Examples of this might include:

- A Care Act assessment of need
- Providing information about alternative sources of support and advice
- Options to increase personal or environmental safety
- The provision of advocacy

16. ALLEGATIONS AGAINST A MEMBER OF STAFF

16.1 Any allegation or concern that a member of staff or volunteer may have abused, neglected or otherwise harmed an adult at risk must be taken seriously and reported immediately to the Designated Safeguarding Lead (DSL) or the Chief Executive Officer (CEO). Staff and volunteers must record the information factually and promptly, following the organisation's safeguarding procedures. They must not investigate the allegation themselves or confront the person concerned.

16.2 If the allegation concerns the DSL or CEO, or either is implicated in the alleged abuse, the concern must be reported directly to the Nominated Trustee for Safeguarding (see Appendix B). If the Nominated Trustee is implicated, unavailable or unable to act impartially, the concern should be reported to another appropriate trustee who is independent of the matter. If an appropriate internal reporting route is not available, staff and volunteers must contact the relevant Multi-Agency Safeguarding Hub (MASH) by using the online referral form, telephone or secure email (see section 18) or the police if appropriate.

16.3 Where an adult at risk may have experienced abuse or neglect, the relevant local authority safeguarding referral procedures must be followed. Allegations concerning a member of staff or volunteer in a position of trust must also be considered under the Cambridgeshire and Peterborough Safeguarding Adults Partnership Board's procedure for managing allegations against People in Positions of Trust (PiPoT). In relation to this process the person in a position of trust will have had an allegation raised that may pose a risk to adults at risk because they have:

- behaved in a way that has harmed, or may have harmed an adult or child
- possibly committed a criminal offence against, or related to, an adult or child

- behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support need
- behaved in a way which questions their ability to provide a service to an adult with care and support needs which must be reviewed

16.4 If the allegation is such that the individual poses a risk to both adults with care and support needs and children then Romsey Mill's Safeguarding Children Policy and the relevant local authority procedures must also be followed. This includes contacting the Local Authority Designated Officer (LADO) where the allegation meets the relevant criteria. Where applicable, concerns must be referred to the LADO promptly and within the required timescales (Please refer to Romsey Mill's Safeguarding Children Policy section 15).

16.5 All allegations must be handled confidentially, fairly and promptly. Information should be shared only with those who need it to safeguard people and manage the concern appropriately. The safety and wellbeing of the adult or child concerned must remain the priority. The organisation must consider any immediate protective action required and follow its relevant disciplinary, whistleblowing and safeguarding procedures.

17. PRESERVATION OF EVIDENCE

17.1 The preservation of evidence where a crime may have been committed is vitally important but the immediate protection of people with care and support needs is the highest priority. However, care must be taken to ensure that forensic and other evidence is not contaminated.

17.2 Action to ensure the preservation of evidence must not be to the detriment of any immediate medical care or the protection of any person with care and support needs. Advice from the police must be obtained before conducting any enquiries into matters which may become subject to a criminal enquiry. Where there is potential for this situation occurring, you can avoid contaminating evidence or compromising enquiries by:

- Not interviewing the person with care and support needs or potential witnesses after a disclosure has been made. This is the responsibility of the police or the person/agencies agreed by the adult at risk planning meeting. General support for the wellbeing of the adult should continue.
- Note that the DSL and DP's may need to ask the immediate questions necessary to protect a person with care and support needs but must avoid jeopardising a criminal enquiry.
- Disturbing a 'scene' as little as possible, sealing off areas if possible and locking rooms to restrict further access
- Discouraging washing/bathing where possible in cases of sexual assault
- Not handling items which may hold DNA evidence
- In emergencies ensuring that the police are involved as quickly as possible using the local contact numbers on the back page or calling 999

18. REPORTING A CONCERN TO THE MULTI-AGENCY SAFEGAURDING HUB (MASH)

18.1 If an adult is at immediate risk of harm and abuse is suspected or a disclosure has been made then this should be reported to the Multi-Agency Safeguarding Hub (MASH).

- **Cambridgeshire**
  Council's Customer Services (9am to 5pm Monday to Friday)
  Telephone: 0345 045 5202
- A referral should be made using the online referral form where possible but Appendix A can also be used and emailed to referral.centre-adults@cambridgeshire.gov.uk
  The online referral form can be found here Adult Safeguarding Referral Form

- **Peterborough**
  Adult Social Care MASH – 01733 747474
  Adult Safeguarding Referral Form email to adultsocialcare@peterborough.gov.uk
  (Appendix 1)

18.2 The Multi-Agency Safeguarding Hub will:

- Where it is identified that urgent action is needed to protect the safety of one or more adults and this has not already been taken, they will take immediate action to commence enquiries and protect any person with care and support needs from the identified harm. This will happen on the same day that the concern is received. The action will be recorded by MASH.
- Contact the police immediately when a crime may have taken place (and appropriate consent has been obtained or confidentiality can be lawfully breached) and advise the person raising the concern about preserving evidence until such time as the police arrive.
- Acknowledge receipt of the concern.

Appendix A:

CAMBRIDGESHIRE & PETERBOROUGH ADULTS SAFEGUARDING REFERRAL FORM

DIAL 999 IN AN EMERGENCY AND ASK FOR THE APPROPRIATE EMERGENCY SERVICE

Safeguarding Referrals:

Cambridgeshire: Call 0345 045 5202 (Monday to Friday, 9am to 5pm)

Peterborough: Call 01733 747474 (Monday to Friday 9am to 5pm)

For Both Areas: Out of Hours call 01733 234724

Completed referrals should be sent to:

Cambridgeshire: referral.centre-adults@cambridgeshire.gov.uk

Peterborough: adultsocialcare@peterborough.gov.uk

Details of Adult at risk. *An Adult at Risk is a person who is aged 18 or over and*

- *has needs for care and support (whether or not the local authority is meeting any of those needs);*
- *is experiencing, or at risk of, abuse or neglect; and*
- *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*
  The Care Act (2014)

Name	Click here to enter text.	Title	Click here to enter text.
DOB	Click here to enter text.	Approx. age if DOB not known	Click here to enter text.
Email	Click here to enter text.	Post code	Click here to enter text.
Permanent Address	Click here to enter text.	Phone	Click here to enter text.
Current Location (e.g. Ward or Unit)	Click here to enter text.		
Gender	Choose an item.	Nationality	Click here to enter text.

Preferred Language	Click here to enter text.	Ethnicity	Choose an item.
Does the adult at risk require support with communication?			Choose an item.
If yes, please give details	Click here to enter text.		
Agency Identification No. (e.g. NHS No.)	Click here to enter text.		
Adult at Risk's GP details			
Name	Click here to enter text.	Is GP aware of referral?	Choose an item.
Surgery name and address	Click here to enter text.		
Details of any dependants (of any age)			
Name(s)	DOB	Gender	Lives with adult (Y/N)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

IF THERE ARE ANY CONCERNS FOR THE SAFETY OF ANY CHILDREN, THESE MUST BE REFERRED TO Children's MASH

http://www.safeguardingcambspeterborough.org.uk/children-board/reporting-concerns/

Consent
Has the adult at risk given consent for this referral? Choose an item. If No, please confirm why this referral is being made without it, e.g. risk to others or the Adult at Risk lacks the capacity to make this decision Click here to enter text. Is the adult at risk aware this referral has been made? Choose an item. If No, please give the reason as to why the Adult at Risk was not made aware of the referral Click here to enter text.
Are there any doubts about the adult at risks capacity to consent? y/n comments
Do you think the adult at risk requires care and and support? Choose an item. Please provide reasons for your view: Click here to enter text.
Details of the incident/s and/or ongoing concerns
If you work for a care provider inform your line manager/supervisor about this incident as soon as possible.
Description of incident or concern (*Include - The nature, degree and extent of the abuse or neglect (what happened); The length of time it has been occurring (previous incidents, what happened and date);The impact on the individual and / or their carers / family (injury, distress); Location and time of any incident)* Click here to enter text.

Please indicate category of abuse:

Physical abuse	Choose an item.	Modern slavery	Choose an item.
Domestic violence	Choose an item.	Discriminatory abuse	Choose an item.
Sexual abuse	Choose an item.	Organisational abuse	Choose an item.
Psychological abuse.	Choose an item.	Neglect and acts of omission	Choose an item.
Financial or material abuse	Choose an item.	Self-neglect	Choose an item.

Does the adult at risk continue to be at risk of abuse? Choose an item.

If Yes, describe the risks that remain and any immediate action needed:

Click here to enter text.

Are there any other people who may be at risk of abuse? Choose an item.

If yes, add details and describe the risks that remain and action you are taking:

Click here to enter text.

Making Safeguarding Personal

Was the adult at risk asked what their desired outcomes were?? Choose an item.

If yes, add details of outcomes does the adult at risk wants to achieve:

Click here to enter text.

Details of alleged abuser/suspect

Name	Click here to enter text.	Title	Click here to enter text.
Address	Click here to enter text.		
Post Code	Click here to enter text.	Phone	Click here to enter text.
Relationship to the Adult at Risk?	Click here to enter text.		
If provider, please add the provider's name	Click here to enter text.		
Are they aware this referral has been made?	Choose an item.		

Reason as to why the alleged abuser/suspect was not made aware of the referral	Click here to enter text.		
Does the alleged abuser lives with the Adult at Risk?	Choose an item.		
Details of person making this referral			
Name	Click here to enter text.	Title	Click here to enter text.
Job Role (if applicable)	Click here to enter text.	Email	Click here to enter text.
Establishment	Click here to enter text.		
Phone	Click here to enter text.	Date/time referral completed	Click here to enter text.
Relationship to Adult at risk?	Click here to enter text.		
Does the referrer consent to their details being shared with third parties? Click here to enter text.	Choose an item.		
Additional Information			
Is there any other information you believe we need to know about the referral? Click here to enter text.			

You will be contacted about your concern. However, depending on your involvement with the Adult at Risk we may not be able to provide you with detailed feedback about this case due to reasons of confidentiality and Data Protection.

Appendix B:

Designated Persons:

DSL: James Bennett – Children's & Youth Work Programme Manager
Office: 01223 213162 Mobile: 07818 664178

DP: Diane Hicks – Operations & Resources manager
Office: 01223 213162 Mobile: 07827 311504

DP: Sarah Wygard – Pre-school Lead
Office: 01223 213162 Mobile: 07818 666438

DP: Rebekah Adenaike-Fere – Programme Development Lead Peterborough
Office: 01223 213162 Mobile: 07871942812

Trustee: Tim Smith – Nominated Trustee for Safeguarding
Office: 01223 213162