Policies and Procedures

Safeguarding Adults at Risk Policy and Procedure

Refugee and Migrant Justice

Designated Safeguarding Officer (DSO):	Alice Giuliato
Latest Update:	June 2026
Review Date:	June 2027
Approval:	

Adults at Risk Protection Policy and Procedure

1. Policy Intent

1.1 The aim of this policy is to state RMJ's policy and procedures towards the protection of adults at risk.

1.2 We promote the key principles from the Care Act 2014 in all our adult safeguarding work:

- Empowerment - supporting people to make their own decisions
- Prevention – taking action before harm occurs
- Proportionality - using the least intrusive response to the risk presented
- Protection - supporting and representing those at risk
- Partnership - working with individuals, families, professions and communities
- Accountability - being open and taking responsibility for our actions.

1.3 According to the Care Act (2014), an adult at risk is a person who:

- Has care and support needs, whether or not the Local Authority is meeting any of those needs **and;**

- 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 abuse or neglect or the risk of it.

2. Policy Statement

2.1 RMJ is committed to the safeguarding of any and all vulnerable individuals who may have reason to access its services. It will do this by ensuring the organisation has robust procedures in place to ensure that all staff and volunteers know how to work with individuals who may be vulnerable.

2.2 RMJ is also committed to safeguard and protect all staffs and volunteers from harm. Please refer to the handbook for policies and procedures around bullying and harassment; discrimination; whistleblowing.

3.Objectives

3.1 To ensure safe and effective working practices are in place
3.2 To protect the users of RMJ services
3.3 To support staff and volunteers within the organisation
3.4 To define operational procedures

4. Commitment

4.1 All staff and volunteers will have access to and receive appropriate training for working with adults at risk.

4.2 The organisation will work in partnership with individuals, and/or other professionals to ensure the protection of adults at risk within a multi agency framework.

5. Roles

5.1 The policy applies to:

i) All members of staff, volunteers and the Board of Trustees;
ii) All contractors, i.e. third party contractors, agencies, consultants, researchers, freelance and sessional workers working on behalf of the organisation.

5.2 The designated safeguarding officer (DSO) for adults at risk is the Head of Services, Alice Giuliato, 07989729243; alice.g@rmjustice.org.uk .

Jenna Warr (jenna.w@rmjustice.org.uk) is the representative from the Board of Trustees on safeguarding. The Head of Services and Jenna Warr have regular subcommittee meetings where serious safeguarding concerns can be discussed or policies and procedures reviewed and improved..

The Deputy safeguarding officer is Erica Wilson RAS Manager, erica.w@rmjustice.org.uk

5.3 RMJ will use as its principal source of advice and support the relevant Local Authority's Adult Safeguarding Board. In the first instance this should be the Local Authority where the concern was raised.

5.4 RMJ will ensure that it has in place procedures for contacting the relevant local authority on safeguarding adults' issues, including maintaining a list of names, addresses and telephone numbers of social workers to ensure that it is easy, in an emergency.

6. Responsibilities

6.1 It is the responsibility of RMJ's DSO to ensure that:

i) Staff and others for whom they have line management responsibility – including volunteers, partners and consultants – are made aware of the policy and procedures, of the definitions and indicators of abuse and of how to refer their concerns.

ii) The policy and procedures for the protection of adults at risk are built into new staffs' and volunteers' induction.

iii) Checks are made as required on relevant staff (e.g. Disclosure and Barring Service (DBS) checks) through relevant agencies.

iv) All relevant staff and volunteers sign the below form to signify they have read and understood the policy and procedure and have had the opportunity to discuss their role and responsibility with regard to safeguarding with their line manager.

v) Once signed, the signed form should be sent to the DSO to upload on the staff's profile on BrightHR

7. Reporting abuse

7.1 Any member of staff or volunteer who suspects that an adult at risk is suffering significant harm or may be at risk of suffering significant harm must discuss their concerns with their line manager and/or the DSO. Discussion should focus on the nature of concerns, risk to the individual involved, and the action to be taken.

7.2 It is not the role of staff or volunteers to investigate in detail incidences of abuse.

8. Complaints about staff or volunteers

8.1 All service users are informed of the organisation's complaints procedures and how to complain about a staff member's or volunteer's action within RMJ, which may include an allegation of abuse.

8.2 RMJ will follow the guidance of the local Adult Safeguarding Board when investigating any complaint that a member of staff or volunteer has allegedly abused an adult at risk.

9. If the suspected abuser is the "designated" adult at risk lead

9.1 In an incident where allegations of abuse have been made against the designated adult at risk lead, contact should be made with the Board of Trustees and Adult Social Care.

10. Responding to disclosure by a third party

10.1 Any member of RMJ who is contacted, through direct or indirect disclosure, with information suggesting that an adult at risk may be at risk of significant harm must:

i) Record the allegation or concern in full, in accordance with the recording procedure (in 12 below)

ii) Explain that the concern will be shared with RMJ's Designated DSL or line manager in accordance with this policy. Where appropriate, and having regard to the wishes of the adult, consideration will then be given to whether a referral to Adult Social Care or another relevant agency is required. The adult should be asked what they would like to happen (Making Safeguarding Personal – see below) and, wherever possible, be involved in decisions about how the concern is managed.

11. Making Safeguarding Personal (MSP): A Person-centred approach to safeguarding

11.1 Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.' (*Care and Support Statutory Guidance - Care Act 2014*)

11.2 It may be that you have to report the concern on even when the person does not wish you to do so in order to keep others safe. The safeguarding lead and head of operations will consider whether information may be shared without the adult's consent where:

i) there is a risk of serious harm to the adult (and/or other adults);

ii) there is a risk to children;

iii) a serious crime has been committed or may be committed;

iv)the alleged perpetrator is in a position of trust/power;

v)a court order or other legal obligation requires disclosure; or

vi)there is another overriding public interest in sharing the information.

To help with the decision, NSPCC or Ann Craft can be contacted to get a second opinion.

11.3 If the alleged victim does NOT agree to the involvement of Adult Social Care, the reasons should be recorded and the designated safeguarding adults at risk lead must be contacted. The designated lead will review the concern promptly, consider the wishes of the adult, assess the risks to the individual and to others, seek advice from Adult Social Care where appropriate, and determine whether a safeguarding referral should be made.

The responsible safeguarding lead within the Board of Trustees and the adult at risk must be informed when any decision is made to refer information to Adult Social Care <u>against</u> the individual's wishes and the reasons for doing so.

11.4 If the adult at risk has capacity (see below) to do so they should be encouraged to contact Adult Social Care themselves with appropriate assistance from RMJ's team so that they can feel in control of the situation. However, if they would prefer RMJ to contact on their behalf, a designated person within RMJ should make this report.

<u>Mental capacity</u>

11.5 A person with mental capacity is someone able to make their own decisions. Specifically, it is someone who can make a particular decision at the time it needs to be made. This means they can:

- understand information given to them
- retain that information long enough to be able to make the decision
- weigh up the information available to make the decision
- communicate their decision.

The Mental Capacity Act 2005 (MCA) says a person would be assessed as lacking capacity to make a particular decision if they cannot do one or more of these things

12. Recording suspicion of abuse and disclosures

12.1 Staff and volunteers must complete a written record of any suspicions or disclosures of abuse; the written record, using the RMJ disclosure form, must include:

i) The name, address and age of the alleged victim

ii) The date and time of the observation or disclosure

iii) An objective record of the observation or disclosure

iv) The exact words spoken by the alleged victim (if any), or by the person who made the disclosure or raised concern (if any)

v) The name of the person to whom the concern was reported (if any), with date and time

vi) The name of the person who observed the cause of concern (e.g. the incident, behaviour, marks, etc.) with date and time

vii) The name of any other person present at the time

viii) The wishes of the alleged victim

ix) The person making the above record is to sign and date the record

12.2 Once completed the form must be returned to the line manager and the DSO adult at risk lead.

12.3 The staff member/volunteer must also record the concern with all the above information on the client's file on Advice Pro under "Work Completed" (safeguarding follow up) as well as in the "Risk Issue" tab, selecting the appropriate risk and alert levels.

12.4 Line manager/DSO will have to record the concern and the actions taken in the "safeguarding concerns log" saved in the safeguarding folder in the management drive.

12.5 When necessary, a specific and confidential file is to be created, where this record (and records of future development and progress of the case) is kept.

13. Confidentiality

13.1 All suspicions and investigations are kept confidential and shared only with those who need to know (the line manager, designated safeguarding adult at risk lead, safeguarding lead or Chair of the Board of Trustees, Adult Social Care Department and/ or the local Safeguarding Adult Board).

14. Support to individuals and families

14.1 RMJ will not refuse to provide services to any adult at risk making an allegation of abuse.

15. Staffing and volunteering

15.1 RMJ will provide training on working with adults at risk to all appropriate staff and volunteers.

15.2 All staff and volunteers will have to attend a mandatory safeguarding training in the first three months of their employment. The certificate of attendance must be provided to their line manager as well as the DSO and a copy of the certificate will have to be uploaded on the staff's file on BrightHR. The DSO will updated the mandatory training log.

15.3 Staff/volunteers will also need to complete refresher trainings every 2 years.

15.4 RMJ will also ask staff to complete regular safeguarding exercises as part of team meetings/away days.

15.5 RMJ recognises that it also has a duty to staff and volunteers who may be the subject of an allegation or be managing disclosures of abuse. Support will be provided including counselling to support individual members of staff who have had to deal with safeguarding issues.

15.6 RMJ will ensure that appropriate checks, including DBS checks, are undertaken for any individuals working with adults at risk.

16. Disciplinary action

16.1 Where a member of staff or a volunteer is dismissed from RMJ or internally disciplined because of misconduct relating to an adult or child, the organisation will, in accordance with its legal requirements, and guidance, notify the relevant regulatory bodies.

17. Review

17.1 This policy must be monitored and reviewed by the DSO as a minimum on a yearly basis as well as when relevant regulations change. It will also be important to review this policy if concerns are raised by staff or volunteers of other interested third parties.

17.2 As part the review, the DSO will consult relevant online resources and will check that the applicable legislations are up to date.

17.2 Every two years a more thorough review must be undertaken by the DSO in conjunction with a safeguarding specialised external agency (currently Ann Craft Trust - https://www.anncrafttrust.org/) and the policy must be approved by the Board of Trustees.

Appendix 1

There are many different types and patterns of abuse and neglect and different circumstances in which it may take place. The Care Act 2014 identifies 10 categories of abuse.

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Signs could be:

- Unusual injuries, including bruises, burns, fractures, bite marks or signs of self-harm. No explanation for injuries or inconsistency with the account of what happened
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Consistently poor hygiene, poor living conditions or inappropriate clothing
- Communicating aggressively or using sexual language
- Appearing withdrawn, guarded, anxious or frightened, particularly around certain individual
- Hearing or seeing shouting, violence, or intimidation
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.

Signs could be:

- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Bruising, particularly to the thighs, Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological 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.

Signs could be:

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

- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Signs could be:
- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- The family or others show unusual interest in the assets of the person
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Discriminatory abuse – including forms of harassment, slurs, or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, or religion.

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

Organisational abuse – including neglect and poor care practice within a specific care setting such as a hospital or care home 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.

Signs could be:
- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Lack of management overview and support

Neglect and acts of omission – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

Signs could be:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect – this covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. (NB- Where an individual refuses to engage with services this may come into conflict with the principles of MSP but concerns should still be raised with the local authority who are obliged to make enquiries and to assess need with the promotion of well-being at the heart. Where the individual is at substantial risk of harm legal interventions may be considered).

Signs could be:

- Very poor personal hygiene
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Inability or unwillingness to take medication or treat illness or injury

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence, between adults who are or have been intimate partners or family members. (NB- Many people think that domestic abuse is about intimate partners, but the Department of Health guidance makes it clear that other family members are included).

Signs could be:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have

at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Signs could be:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Their passport or important documents may have been withheld by someone else
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Other safeguarding considerations

The Prevent duty

The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is known as the Prevent duty. It recognises the potential risk for British citizens and residents to become radicalised and commit acts of violence or terrorism. Prevent covers all forms of terrorism, including extreme Islamic groups, extreme right wing groups, sectarian (inter-religious) groups and other less prevalent activist groups that use terrorist activities in the name of their case (eg Animal Rights).

Female genital mutilation

Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

FGM is sometimes known as 'female genital cutting' or female circumcision. Communities tend to use local names for referring to this practice, including 'sunna'. FGM is considered a grave violation of the rights of girls and women and is illegal in the UK. If you have any concerns that a person you support has been or could be subjected to FGM then this must be reported as a safeguarding using the procedures in this policy.

Forced marriage

A forced marriage is when a person has not consented to the marriage or does not have the capacity to consent to it. People may be forced into marriage for a number of reasons. Any concerns you have that a person you support has been or is being forced into a marriage must be reported as a potential safeguarding using the procedures in this policy.

Appendix 2

Disclosure Form

RECORD OF CONCERN (please ensure any additional sheets are dated and numbered)

1. State concerns raised/ incident
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Date and Time Occurred: ……

Details of alleged victim (name, age and address) – if appropriate:
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Reported by: ……..……..

Date and Time Reported to Designated Person:
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2. Nature of Concern/ incident (including what alleged victim and others said if applicable):
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3. Action taken immediately:
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Follow up action:

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4. ……
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Reported to carer or next of kin <u>with alleged victim's consent (ONLY with consent)</u> [] Yes [] No

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5. Details of previous record or concern/incident concerning this adult:

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6. What the alleged victim wanted to happen.

Signed (author of report): ……

Reported To: ……...
Method of Reporting: ……
Date Reported: ……
Received by: ……
Date received: ……
Written report completed: YES/NO
Comments:

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Signed: ……

Copy to be held at RMJ Office.

Appendix 3

Key government initiatives and legislation

- **Speaking Up For Justice 1998**
  A report on the treatment of Vulnerable or Intimidated Witnesses in the Criminal Justice System with 78 recommendations for improvements to the criminal justice system including the reporting of crime, identification of vulnerable or intimidated witnesses, and measures to assist witnesses before, during and after the trial. www.cps.gov.uk

- **Achieving Best Evidence 2015**
  'Achieving Best Evidence in Criminal Proceedings' offers guidance for vulnerable or intimidated witnesses, including children. It covers the planning and conducting of interviews, witness preparation and support and witnesses in court. www.cps.gov.uk

- **Sexual Offences Act 2003**
  The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children. www.opsi.gov.uk

- **Mental Capacity Act 2005**
  Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. www.dca.gov.uk

- **Safeguarding Vulnerable Groups Act 2006**
  Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance. www.opsi.gov.uk

- **Deprivation of Liberty Safeguards 2009**
  Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm. www.dca.gov.uk

- **Law Commission report on the law on Adult Social Care 2011**
  This report makes recommendations for a single, clear, modern statute and code of practice that would pave the way for a coherent social care system. Under the reforms proposed in the report, older people, disabled people, those with mental health problems and carers will, for the first time, be clear about their legal rights to care and support services. www.lawcommission.justice.gov.uk

- **Disclosure & Barring Service 2012**

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). www.gov.uk/dbs-update-service

(England) The Care Act 2014 – statutory guidance (updated August 2017)
The Care Act introduces new responsibilities for local authorities and social care providers in England. The Care and Support Statutory Guidance issued under the Care Act 2014 puts adult safeguarding on a statutory footing. Although the guidance is not law in itself, the law requires that services 'have regard' to what the guidance says.. https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

- **Making Safeguarding Personal Guide 2014**
  This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.
  www.local.gov.uk/publications//journal_content/56/10180/6098641/PUBLICATION

- **Criminal Justice and Courts Act 2015**
  This Act includes all formal adult social care provision including where care is self-funded. Separate offences will apply to an organisation and individual perpetrators (Ill-treatment or wilful neglect: care worker offence & Ill-treatment or wilful neglect: care provider offence).
  www.legislation.gov.uk/ukpga/2015/2/contents/enacted

- **Human Rights Act 1998** – fundamental to safeguarding decisions, particularly Articles 2, 3, 5 and 8.

- **Equality Act 2010 –** important for ensuring safeguarding practice does not discriminate and takes protected characteristics into account.

- **Modern Slavery Act 2015** – for victims of modern slavery and trafficking

- **Domestic Abuse Act 2021** – relevant to survivors of domestic abuse

- **Data Protection Act 2018** and **UK GDPR** – essential for lawful information sharing and record-keeping in safeguarding.

Safeguarding Adult at Risk Policy and Procedures

Staff declaration

Name: …… ……

Position: ……..

I have read RMJ 's Safeguarding Adult at Risk Policy and Procedures and I am fully aware of

- my responsibilities in relation to the policy
- how to proceed in case of breach of the policy

Signed: …… Date: ……

For RMJ (Print name): ……..

Signed: …… Date: ……

Contact details

Designated Safeguarding Officer (DSO)
Name: Alice Giuliato
Phone/email: alice.g@Rmjustice.org.uk; 07989729243

Safeguarding lead (Board of Trustees)
Name: Jenna Warr
Phone/email: jenna.w@rmjustice.org.uk

Deputy Safeguarding Officer
Name: Erica Wilson RAS Manager
Email: erica.w@rmjustice.org.uk

This policy was last reviewed on: 02/06/2026



Signed:
Name: Alice Giuliato…
Date: …02/06/2026……