



SAFEGUARDING ADULTS AT RISK PROCEDURES

Safeguarding adults at risk means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the capacity to make these decisions.

Adults at risk access and engage with RET on a daily basis; as a visitor, audience member, participant, member of staff, freelancer, volunteer and people that use our entrance ways and building as a place of shelter. All staff, volunteers and freelancers play an important role in safeguarding adults at risk through the services they deliver.

The procedures outlined below should be followed if you have any concerns relating to the welfare of an adult engaging with RET.

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1. DEFINITIONS OF ABUSE

Adults can be abused in many different ways. Some groups, such as vulnerable older people and disabled people, are at particular risk of abuse and harm.

Safeguarding adults is about protecting those at risk of harm from suffering abuse or neglect.

We all have the right to live our lives free from abuse. It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe.

This may include:

- a learning disabled person, disabled person or sensory disabled person
- a person with a mental health condition or dementia
- an acquired brain injury
- a drug or alcohol problem

Abuse can happen anywhere at any time – in the street, in the home, in a residential or nursing home, in a day care centre or hospital, on a computer or mobile phone.

Abuse may be committed by anyone – relatives, partners, friends, care workers, or strangers.

Abuse can take many forms. The Care Act 2014 statutory guidance provides definitions of **ten** types of abuse.

The types of abuse have been categorised and placed under ten headings, you will find that on occasions the actual behaviour you might observe or be told about could fit under more than one heading, do not worry about this, others will make a decision later in the process as to the most appropriate category under which to record the event.

1. **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
2. **Sexual abuse** – including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
3. **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
4. **Domestic Violence** – Is a pattern of coercive control, which includes combinations of physical, sexual, psychological and financial abuse and isolation by a current or former partner, or family member. Including psychological, physical, sexual, financial, emotional, so called 'honour' based violence, FGM, forced marriage, sexual exploitation
5. **Modern Slavery** – encompasses slavery, human trafficking, debt bondage, sexual exploitation, 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. This might mean being forced to work long hours for little or no pay; being forced into a life of abuse, exploitation and inhumane treatment; or people being trafficked or moved around.
6. **Financial or material abuse** – including theft, fraud, exploitation, 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.
7. **Discriminatory abuse** – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment. This includes **Hate Crimes**.
8. **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g. this may range from isolated incidents to continuing ill-treatment.
9. **Neglect and acts of omission** – including ignoring medical 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.
10. **Self-Neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding 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.

Is self-neglect a safeguarding issue?

Self-neglect can be a complex and challenging issue to address, because of the need to find the right balance between respecting a person's autonomy and fulfilling their duty to protect the adult's health and wellbeing. Both perspectives can be supported by human rights arguments.

In some circumstances, where there is a serious risk to the health and wellbeing of an individual, it may be appropriate to raise self-neglect as a safeguarding concern.

It is vital to establish whether the person has capacity to make decisions about their own wellbeing, and whether or not they are able or willing to care for themselves. An adult who is able to make choices may make decisions that others think of as self-neglect.

If the person does not want any safeguarding action to be taken, it may be reasonable not to intervene further, as long as:

- no-one else is at risk

- their 'vital interests' are not compromised – that is, there is no immediate risk of death or major harm
- all decisions are fully explained and recorded
- other agencies have been informed and involved as necessary.

Radicalisation

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

The process of radicalisation may involve:

- being groomed online or in person
- exploitation, including sexual exploitation.
- psychological manipulation
- exposure to violent material and other inappropriate information
- the risk of physical harm or death through extremist acts.

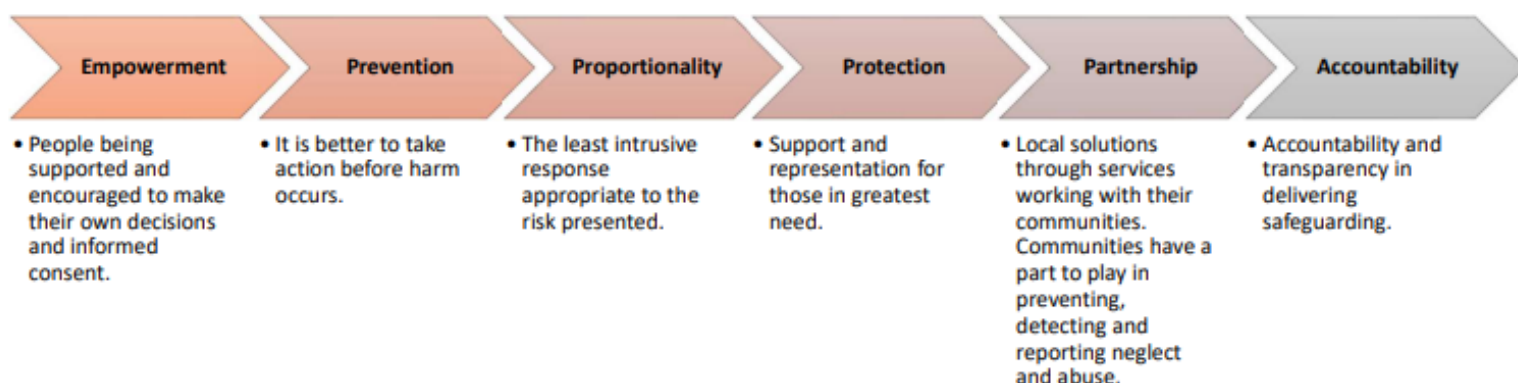
It happens gradually so adults who are affected may not realise what it is that they are being drawn into.

If a person is being radicalised their day-to-day behaviour may become increasingly centred around an extremist ideology, group or cause. For example, they may:

- spend increasing amounts of time talking to people with extreme views (this includes online and offline communication)
- change their style of dress or personal appearance.
- lose interest in friends and activities that are not associated with the extremist ideology, group or cause
- have material or symbols associated with an extreme cause
- try to recruit others to join the cause

2. SIX KEY PRINCIPLES OF SAFEGUARDING ADULTS

From the Care Act 2014



3. INCIDENTS OR CONCERNS THAT MUST BE REPORTED

If any of the following occur, you should report this immediately to the appropriate DSO and record the incident or concern using the Safeguarding Concern Report Form).

- If an adult discloses anything to you that causes concern (see 4 below)
- If an adult seems distressed in any manner
- If an adult appears to be behaving inappropriately or makes you feel uncomfortable

- If you accidentally hurt an adult at risk
- If an adult at risk misunderstands or misinterprets something you have done.
- If physical intervention is required to manage challenging behaviour
- If you suspect abuse as defined by the Care Act 2014 (see 1 above)
- If you suspect a person is being radicalised

It is not our responsibility to judge whether abuse is taking place, but it is our responsibility to act and report on any suspicions or concerns that we may have.

4. DISCLOSURE

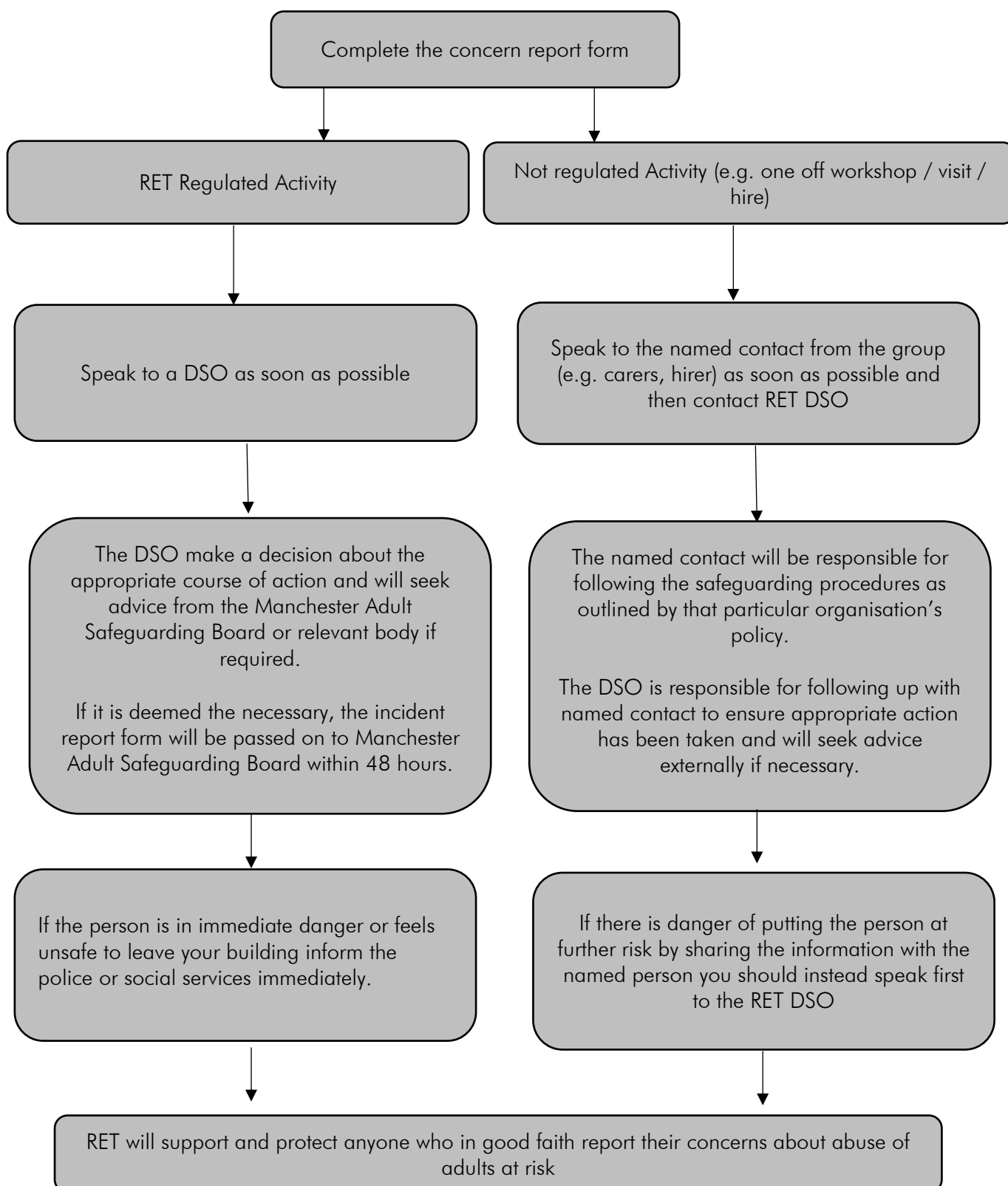
It is possible that a person, who is suffering or has suffered from abuse will confide in you. This is something that you should be prepared for and must handle carefully. The following action should be taken in this instance:

1. Remain calm and in control – don't panic.
2. Listen carefully to what is being said – you need to remember as much as you can.
3. Reassure the person that they have done the right thing by talking to you
4. Make sure that the person feels safe
5. Find an appropriate, early opportunity to explain you will need to share information with others – do not promise to keep secrets
6. Don't give your own views or opinions
7. Only ask questions if you don't understand what is being said
8. Be aware of appearing judgemental, think about your questions, facial expressions and body language
9. Say what you will do next and who you will share information with*
10. Be very clear what you are able to do at this point and do not make promises that you are unable to keep
11. You must ensure that the information you receive remains confidential and is only shared with the people named in your policy and procedures
12. Make a record immediately afterwards on a concern report form

*With over 18s we cannot take action without the consent of the adult unless:

- in the event of a disclosure about fraud, drug trafficking or terrorism, we should not inform the disclosee that we will be passing on information.
- a child is involved in which case this would be referral for the child.

5. REPORTING A CONCERN





6. CONFIDENTIALITY

Every effort will be made to ensure that confidentiality is maintained for all concerned. Information will not be shared without consent, except where required to do so by law or by court order, or where it is in the public interest to do so, for example in cases of suspected child abuse.

Advice from Manchester Adults' Safeguarding Board and the Local Authority Designated Officer (LADO) will be followed carefully to ensure information is not shared unless completely necessary.

Information will be stored in a secure place, will be password protected and with limited access for designated people (EG DSO and Safeguarding Lead), in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

7. RECORD RETENTION

In line with RET Retention and Deletion policy personal information should not normally be held for longer than 6 years after the subject's last contact with the theatre. Exceptions to the 6 year period will occur when records:

- Need to be retained because the information in them is relevant to legal action that has been started.
- Are required to be kept longer by law.
- Are archived for historical purposes (e.g. where the organisation was party to legal proceedings or involved in proceedings brought by a local authority). Where there are legal proceedings it is best to seek legal advice about the retention period of your records.
- Relate to individuals and providers of services who have, or whose staff, have been judged unsatisfactory.
- Are held in order to provide, for the subject, aspects of his/her personal history (e.g. where the person might seek access to the file at a later date and the information would not be available elsewhere).

When records are being kept for more than the 6-year period files need to be clearly marked and the reasons for the extension period clearly identified.

If an allegation is made against a RET employee or volunteer a record will be kept until the person reaches normal retirement age, or for 10 years if that is longer. Such records will contain details of how the allegations were followed up and resolved, and of any action taken and decisions reached. These records will be kept in a confidential personnel file and a copy should be given to the individual whom the allegation is against.

APPENDIX A: USEFUL SOURCES OF INFORMATION

Care Act 2014	http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Manchester Safeguarding Partnership	https://www.manchestersafeguardingpartnership.co.uk/adults/ 0161 234 5001 (24 hours a day, 7 days a week) Email: mcsreply@manchester.gov.uk https://www.manchestersafeguardingpartnership.co.uk/resource-hub/?filter_resource=adult
Rochdale Borough Safeguarding Adults Board	https://rochdalesafeguarding.com/ 0300 303 8886 (8am – 4.45pm) 0300 303 8875 (5pm – 8am & weekends)
Wigan Safeguarding Adults Board.	https://www.wigansafeguardingadults.org/index.aspx 01942 828777 (24 Hours)
Tameside Safeguarding Adults Board.	https://www.tameside.gov.uk/AdultServices/Tameside-Adults-Safeguarding-Partnership-Board 0161 922 4888 or 0161 342 2222 (Outside of office hours)
Disclosure and Barring Service	https://www.gov.uk/government/organisations/disclosure-and-barring-service
Homelessness	Report a rough sleeper: https://secure.manchester.gov.uk/info/200117/homeless_people/3032/report_people_who_are_sleeping_rough_and_beggars/1 https://streetsupport.net/manchester/advice/
Hate Crime Reporting	www.report-it.org.uk MCC Hate Crime Report Line 0161 234 4612
Sexual Abuse Helpline – Rape Crisis	0808 802 999 www.rapecrisis.org.uk/
Self Neglect Information	Safeguarding practice questions SCIE Report – 46: self neglect and adult safeguarding
Elder Abuse	elderabuse.org.uk Action on Elder Abuse helpline on 0800 8808 8141