



Safeguarding Adults

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1.0 About this policy

1.1 Why we have this policy

Q:alliance is committed to conducting its business in compliance with all applicable laws, rules, and regulations with the highest levels of integrity. Acting ethically and with integrity is an essential part of the role of all trustees, staff members and volunteers.

The purpose of the policy is:

- to protect adults at risk who engage with Q:alliance
- to provide staff, volunteers and trustees with the overarching principles that guide our approach to safeguarding adults at risk
- to provide a framework that ensures allegations or suspicions are dealt with appropriately

Q:alliance believes that everyone has the right to enjoy activities of any group in a happy, secure and safe environment free from harm from abuse, exploitation and neglect.

This policy relates to our obligations under the;

- Care Act 2014
- Mental Health Act 1983
- Mental Health Capacity Act 2005
- Human Rights Act 1988
- Safeguarding Vulnerable Groups Act 2006
- The General Data Protection Regulation

1.2 Who this policy applies to

All Trustees, paid staff, and volunteers.

1.3 Who is responsible for this policy

The Chair of Trustees is responsible for ensuring that the policy is regularly reviewed, amended as needed and that all colleagues are familiar with its contents.



1.4 When is this policy reviewed

This policy is to be reviewed annually (every year), as well as at any additional time that a review is deemed necessary by the Board of Trustees.

2.0 Policy Statement

As a trustee, staff member or volunteer you must:

- Read and understand this policy
- Report any possible violations of this policy or of the law
- Treat others with respect, honesty, and dignity

You must not:

- Violate this policy, even if someone (including a trustee or line manager) is telling you to
- Tell somebody else to violate this policy or the law
- Refuse to cooperate or give false, incomplete, or misleading information in investigations of violations of this policy or the law
- Retaliate or victimise anyone for any reason including raising a question or concern, or reporting possible violations of this policy or the law or cooperating in an investigation
- Ignore or cover up a violation of this policy

The purpose of this policy is to ensure that adults that Q:alliance comes into contact with are provided the correct support where instances of abuse become known.

3.0 Policy

3.1 Definitions

- a) **Adult / Adult at risk** – a person over the age of 18 is classed as an adult. At Q:alliance, we feel that given the marginalisation of the LGBTQ+ community and increased Mental Health



needs, for the purposes of this policy all LGBTQ+ adults are considered at risk and therefore within the scope of this policy.

- b) **Line Manager** – person designated by the Charity as responsible for a particular project.
- c) **Designated Safeguarding Lead** – person appointed by the Charity as responsible for oversight of safeguarding.

3.2 Implementation

In order to implement the Policy Statement, Q:alliance will ensure that:

- a) All staff (full-time, part-time) and volunteers having access to/working with adults at risk have regular criminal record checks;
- b) All staff and volunteers having access to/working with adults at risk are required to supply references;
- c) All staff and volunteers having access to/working with adults at risk receive training in abuse recognition;
- d) All volunteers are instructed to report the disclosure or discovery of abuse direct to the appointed Designated Safeguarding Lead;
- e) All staff and volunteers are given both supervision and support in their work with adults at risk;
- f) All premises that adults at risk may visit provide a safe environment. (Refer to 'Safe Spaces' policy)

3.3 Adult Protection Guidelines

The purpose of adult at risk protection is to ensure that appropriate action is taken when an adult over the age of 18 is suspected by volunteers or workers of being abused, being at risk from parents, partners, carers and any other people in that person's life.

3.4 Individual Roles within the Adult Safeguarding Process

Line Managers are responsible for implementing adult at risk protection policy locally. Managers have a responsibility to meet regularly with any staff member or volunteer dealing with issues of adult at risk abuse to provide support and guidance until such time as the incident is resolved or has been passed to relevant statutory agencies.



In some instances, projects may have a 'Designated Person' who is the day to day contact point for any staff or volunteers who have concerns relating to adult protection. The Designated Person (DP) should report on a regular basis to the Line Manager.

Q:alliance have a responsibility to ensure that appropriate referrals are made and to liaise with other agencies when needed. They will seek to involve a staff member or volunteer who is supporting a person in all stages of the procedure in accordance with the needs of the person.

3.5 Talking with Adults at risk

The staff member or volunteer may be the first person the adult at risk has discussed the abuse with. The staff member or volunteers' response to the person at this stage is crucial.

Staff member or volunteer should tell the person that they believe what they have said. It is appropriate to express regret at the abuse – "I'm sorry that this had been/is happening to you." It is important to emphasise to the person that they have done nothing wrong; the abuser is at fault. It is also helpful to praise the person's courage in speaking out.

It is important to tell the person that you will do something about it. The person should be assured that the staff member or volunteer would support them in getting information and help to stop the abuse.

This discussion should take place at the person's own pace; they should not be 'cross-examined'.

Adults at risk may have to relay their experiences to other professionals, and it is important that they do not have to do this more than necessary.

3.6 Confidentiality

Staff member or volunteers should never indicate to any adults at risk that they would keep secrets. A feature of domestic abuse in particular is the secrecy that exists between perpetrator and adult at risk. Staff member or volunteer can find themselves pulled into this relationship in a destructive way.



Consequently, staff member or volunteer should discuss such cases fully with the Line Manager / DP / Designated Safeguarding Lead, and not work in isolation.

Approaches from people along the lines of – “if I tell you something you won’t tell anyone else will you?” - should be met with a firm but gentle explanation: “I can’t promise that some things you might tell me I won’t decide to share with someone else. What I can promise is not to do that without you knowing”. People may then choose not to tell but usually they are looking for someone to help them to break out of their secret, not join them in it. For people who do not tell, the staff member or volunteer should make sure the person knows of organisations that may operate in confidence (e.g. Switchboard, Galop etc).

As far as possible, confidentiality is crucial, and information should only be shared with consent wherever possible. However, person’s right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g. in the interests of public safety, police investigation, implications for regulated service

3.7 Record Keeping / Recordings

The staff member or volunteer should make notes of what a person who has been abused has said. Care should be taken to do this in a way that does not block the person from talking; they could for instance be agreed with the person at the end of the session.

The notes, which a staff member or volunteer may keep, can be used as a basis for supporting the staff member or volunteer during a difficult process.

All notes should be kept securely and the disclosure to be treated confidentially, and shared on a ‘need to know’ basis. The preference would be for notes to be stored securely online.

Following any resolution or action, there should be a period of time whereby the DSL follows up on any actions, and a joint decision about the destruction of notes in line with current GDPR policy.

Where a case is referred to statutory services, the staff member or volunteer and/or Line Manager/ DP / Designated Safeguarding Lead may submit a written report of what has happened, drawing on the staff member or volunteer notes.



3.8 Categories of Abuse

The Care and Support Statutory Guidance identifies 10 types of abuse. These are;

- a) Physical abuse
- b) Domestic violence or abuse
- c) Sexual abuse
- d) Psychological or emotional abuse
- e) Financial or material abuse
- f) Modern slavery
- g) Discriminatory abuse
- h) Organisational or institutional abuse
- i) Neglect or acts of omission
- j) Self neglect

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert staff member or volunteer to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

3.8.1 Physical Abuse

3.8.1.1 Examples of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)
- Possible signs of physical abuse
- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps



- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

3.8.2 Domestic violence or abuse

3.8.2.1 Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this document relating to:

- psychological
- physical
- sexual
- financial
- emotional.
- Possible signs of domestic violence or abuse
- 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

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person



- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

3.8.3 Sexual abuse

3.8.3.1 Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

3.8.3.2 Possible signs of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- 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
- Incontinence not related to any medical diagnosis
- 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



3.8.4 Psychological or emotional abuse

3.8.4.1 Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

3.8.4.2 Possible signs of psychological or emotional abuse

- 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
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

3.8.5 Financial or material abuse

3.8.5.1 Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets



- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

3.8.5.2 Possible signs of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- 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



3.8.6 Modern slavery

3.8.6.1 Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

3.8.6.2 Possible signs of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- 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

GOV.UK has more information on identifying and reporting modern slavery

3.8.7 Discriminatory abuse

3.8.7.1 Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic



- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

3.8.7.2 Possible signs of discriminatory abuse

- 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

3.8.8 Organisational or institutional abuse

3.8.8.1 Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints



3.8.8.2 Possible signs of organisational or institutional abuse

- 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
- Lack of adequate procedures
- 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
- Absence of individual care plans
- Lack of management overview and support

3.8.9 Neglect and acts of omission

3.8.9.1 Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

3.8.9.2 Possible signs of neglect and acts of omission



- 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

3.8.10 Self-neglect

3.8.10.1 Types of self-neglect

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

3.8.10.2 Possible signs of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- 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
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury



3.9 Procedures for Line Managers / Designated persons

The role of the staff member or volunteer is to recognise and record indicators of abuse, consult with the Designated Safeguarding Lead about appropriate action, and refer where appropriate

3.9.1 Procedure for Designated Safeguarding Leads (DSL)

- a) The DSL should assess all allegations promptly and carefully and consider the need for immediate action.
- b) All allegations should be pursued and recorded regardless of the availability of the alleged perpetrator to co-operate with the investigation.
- c) If the DSL is unsure that concerns are valid, they should take advice from Social Services.
- d) Where the DSL decides there are grounds for concern about an individual, relevant social services / police should be informed immediately
- e) The individual under suspicion must be notified of the cause for concern. However, the timing of the notification and any action will be decided at the strategy discussion convened by social services and/or the police.
- f) The timing of notifications of suspicions to other relevant agencies will be decided by the strategy discussion.
- g) Full documentation should be kept. It should be treated as confidential and held securely.

4.0 Whistleblowing

It is important that any employee/volunteer who is concerned that malpractice may be taking place within Q:alliance, feels able to raise their concerns without fear of victimisation. Therefore, the **Whistleblowing Policy** is in place to enable such concerns to be raised, and these concerns will be taken seriously, and where appropriate, investigated further. However, where a person's concerns relate to their own personal situation within Q:alliance, these should be raised via the **Grievance Policy** so that these can be investigated fully and responded to directly, in line with the ACAS Code of Practice.

5.0 Queries or amendments

Please direct any queries, comments, concerns or amendment requests to your line manager in the first instance, or to jenn@qalliance.org.uk



6.0 Contacts and Services

<u>Samaritans.....</u>	<u>116 123</u>
<u>Thames Valley Police (non-emergency)</u>	<u>101</u>
<u>Milton Keynes General Hospital.....</u>	<u>01908 660033</u>
<u>Switchboard LGBT+ helpline (10am-10pm every day)</u>	<u>0800 0119100</u>
<u>NHS Direct.....</u>	<u>111</u>