

Safeguarding Procedures: Vulnerable Adults



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Introduction

Purpose of the procedure

The purpose of this procedure is to provide a framework for all staff, contractors and volunteers within Historic Royal Palaces. It should be used in conjunction with the Vulnerable Adult Safeguarding and Policy, to prevent and reduce the risk of abuse to all adults who use Historic Royal Palaces' services or come into contact with staff or volunteers. The procedure details the steps the individuals and key people are expected to take.

Areas of responsibility

- It is **everyone's responsibility** to safeguard vulnerable adults who visit HRP's sites and use our services. Vulnerable adults have the right to be protected from abuse and neglect and this is the responsibility of all staff, contractors, volunteers, and trustees who work for, or represent, Historic Royal Palaces. This includes a responsibility to ensure they are informed and/or trained to an appropriate level. Anyone can raise a concern.
- All staff, volunteers, and trustees are expected to report to and discuss any concerns with the **Designated Safeguarding Lead (DSL)** without delay. The DSLs will escalate cases of 'significant risk' to the Safeguarding Sponsor. The seniority of the DSL, Safeguarding Sponsor or Chief Executive should never be a block to anyone raising a concern.
- The **Safeguarding Sponsor** is a senior member of staff who has responsibility for providing support to the DSLs when complex cases or cases posing significant risk arise. The Safeguarding Sponsor will meet a minimum of twice a year with the DSLs to review safeguarding activity. The Sponsor will brief the CEO and Executive Board annually on safeguarding matters including volume of activity, location, trends, risks and actions taken.

Please see **Appendix 2** for the definition of 'Significant Risk'

The Designated Safeguarding Leads contact details can be found in **Appendix 3**. Together, they form the Safeguarding Working Group.

- **The DSLs-** have day to day responsibility for **all matters** relating to safeguarding within their site/area of responsibility. This includes the expectation that they will be aware of any concerns and ensure these procedures are implemented in their palace/area. The HR Safeguarding lead will work with colleagues to ensure safer recruitment processes are followed and provide support regarding safeguarding concerns relating to staff, trustees and volunteers. The DSLs will brief the Safeguarding Sponsor on all serious and complex concerns (**See Appendix 2**) and intended actions who will then, dependent on the level of seriousness, brief the Chief Executive and Chair of the Board of Trustees. On complex or challenging safeguarding matters, and those that pose significant risk, the DSL and Safeguarding Sponsor will consult with the Chief Executive. The Chief Executive carries the overall responsibility for all safeguarding matters within the charity as a whole.
- The **Safeguarding Working Group** has the responsibility to meet with the Safeguarding Sponsor a minimum of twice a year. The purpose of these meetings is to review safeguarding activity and necessary actions, take measures to improve systems and practices where necessary, and ensure that training is sufficient and that all staff are aware of the policies and procedures and can access them readily. They will also ensure the Adult



Safeguarding Policy and Procedures are published online and on the staff intranet.

- **Chief Executive** has overall responsibility for all safeguarding matters. He/she will also be required to offer consultation to the Safeguarding Sponsor and DSLs on any matters that are seen as complex or challenging. The Chief Executive will brief the Chair of Trustees, dependent on the level of seriousness of the concern.

The Safeguarding Sponsor and Chief Executive have lead responsibility for ensuring all appropriate actions have been taken and for providing staff, volunteers, the Executive Board and trustees with the guidance required. The only occasion when one of them should not be informed of a concern is if they are themselves implicated in abuse; in such circumstances staff will always go to the other above named senior member of staff or HR DSL.

Procedure details

The procedures detailed here are mandatory and must be followed. The flow charts that accompany these procedures constitute the basic outline of the processes that need to be considered. Procedures cannot predict every set of circumstances and if any member of staff/volunteer is dealing with a safeguarding matter, then they should raise concerns without delay with the DSL, who will seek support through supervision and debrief with a senior manager at each stage in the process.

Recognition of signs and indicators of abuse

Recognition of the signs and indicators of abuse poses considerable challenges for most of our staff who do not deal with vulnerable adult protection and safeguarding issue on a day-to-day basis. It is important to effective safeguarding that staff and volunteers are able to recognise signs and indicators of abuse.

Definitions of abuse

Adult abuse and neglect are described in the guidance in terms of the following categories:

- Physical
- domestic
- sexual
- psychological
- financial or material
- modern slavery
- discriminatory
- organisational
- neglect and acts of omission
- Self-neglect

Appendix 3 describes a range of indicators and signs of abuse as well as examining some of the potential blocks to recognition and factors which can inhibit the taking of appropriate steps.

If the member of staff or volunteer believes that an adult is at immediate risk of harm or abuse, they must take immediate and reasonable steps to protect the adult.



However, such situations are very rare and in most circumstances staff will raise a concern following the process below.

Concern that a vulnerable adult may be at risk of significant harm (including abuse or neglect) by staff, volunteers, contractors, a member of the public or someone known to the adult

All staff and volunteers are responsible for raising concerns about the behaviour, actions or attitude of a member of the public towards a child.

Refer to flow chart **Appendix 1**

The procedures for raising a concern, recording, storage and initial fact finding must be followed. If the concerns and initial fact finding lead to the conclusion that an adult may have been harmed or at risk of significant harm, then the **Designated Safeguarding Lead** will raise an alert to the Adult Social Care Department in the local authority area in which the palace is situated/incident happened. **See Appendix 5 for details.**

Raising a concern

Staff will raise a concern by reporting directly and without delay to the DSL and by completing a Safeguarding Report Form available from the intranet – see **Appendix 4**. The Safeguarding Reporting Form requires the staff or volunteer member to provide a detailed written account of what they have seen, observed or heard. The member of staff or volunteer who noted and raised the concern is known as the alerter; adult social care or the police may wish to speak to the alerter at some point. If the DSL for their site/area is unavailable, then they should alert another DSL or, if necessary, the Safeguarding Sponsor.

An alternative is to report your concerns to concerns@hrp.org.uk This email address is managed by the Whistleblowing Officer and the Head of Audit and Risk.

Recording

The keeping of accurate and prompt recording is fundamental to effective safeguarding and all staff and volunteers have a responsibility to ensure all concerns are recorded appropriately. This requires those who raise concerns to make a written record using the **Safeguarding Report Form (Appendix 4)** as soon as possible after raising the concern (a maximum of 2 hours) with the DSL, the DSL can provide support in completing the form.

Records should be factual and clear and, where opinion is expressed, it should be recorded as such and distinguished from fact.

When reporting a concern to the local authority, the DSL will inform the local authority that a written record of the concern is available and will e-mail details of the concerns to the local authority.

If at any stage HRP or the local authority decide that no further action is to be taken, then the reason for this and who made the decision will be recorded.

Confidentiality and storage of safeguarding concerns

For HRP the **DSL** has responsibility to ensure all concerns within the palace/area they are responsible for are recorded, monitored and secured.

Electronic records including email will be saved to the secure folder on the S drive. Paper records will be scanned and kept within the secure folder on the S drive. Access to these records will be strictly limited on a need to know basis and controlled by the DSL, Safeguarding Sponsor and the Chief Executive.



Initial fact finding

It may be appropriate/necessary to check some basic facts prior to alerting other professionals. The DSL will always lead on initial fact finding. They may delegate specific tasks of the initial fact finding to staff unrelated to the concerns where appropriate. Initial fact finding should involve checking files and recent records and clarifying basic facts with key staff, including the alerter, as well as discreetly asking other staff who have had recent contact with the adult to ascertain if they have any issues or concerns.

Initial fact finding should never involve asking a vulnerable adult to discuss the concerns or repeat a disclosure or allegation that has been made.

Initial fact finding can lead to the DSL deciding that there are no protection concerns that warrant a referral to Adult Social Care or the police. In such circumstances, when no further action is being taken, then the decision needs to be recorded and conveyed to the Safeguarding Sponsor/Chief Executive.

Involving the adult at risk

It is important that, prior to making a referral to Adult Social Care or the police, timely consideration has been given to the ability of the adult at risk to understand the concerns, and whether they have an ability to give consent to concerns being raised with other agencies. It is likely that one of the first questions that the local authority is likely to ask is 'Does the adult at risk have capacity?' This refers to capacity as defined under the *Mental Capacity Act 2005* which is explained in more detail in **Appendix 7**.

In brief:

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

- An activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
- A Safeguarding Adults investigation going ahead in response to a concern that has been raised.
- Where an adult at risk, with mental capacity, has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. This may present challenges if the adult also asserts they do not want their parents or carers to be informed. The person must be given information, have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

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

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

In such circumstance in the above two points, an alert to the Adult Social Care Department must be made. When there are concerns that a crime has been committed, then the police should also be informed. An allegation of abuse or neglect of an adult at risk, who does not have capacity to consent on issues about their own safety, will always give rise to action under the Safeguarding Adults process and subsequent



decisions made in their best interests will be made in line with the Mental Capacity Act and Mental Capacity Act *Code*. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

Raising an Alert with Adult Social Care Department or the Police

A detailed description of the procedure to follow and what to expect from 'raising an alert with Adult Social Care or the Police' can be found in **Appendix 8** but has been summarised briefly here. Following Initial Fact Finding the DSL will raise an alert with the Adult Social Care Department will require a lot of information to be shared. This should happen where appropriate without delay by telephone. All London local authorities now have forms that will also be required to be completed once the telephone referral has been made. The telephone call will require information sharing, use the **Safeguarding Report Form Appendix 4** to assist you in recording the relevant information.

The DSL will inform the Safeguarding Sponsor/Chief Executive or Chair of Trustees as appropriate. The Chief Executive in turn will brief and keep updated the Chair of Trustees as appropriate.

The Local Authority decision to accept or not, the concern of an adult at risk

Adult safeguarding processes have historically evolved out of serious concerns for adults living in institutional settings, therefore an Adult Social Care Department may attempt not to accept the nature of the concern if the abuse is within a family setting. For example, they may attempt to classify the concern as domestic violence. In such circumstances advice should be carefully recorded and any signposting to other agencies followed without delay.

Workplace arrangements

If the allegations relate to a member of staff, contractor or volunteer, a decision will need to be made as to whether they should remain in the workplace, or whether they should be suspended until the investigation is resolved. The Safeguarding Sponsor should be briefed and consulted by the DSL and HR at the earliest opportunity. If the member of staff remains in the workplace, safeguards will be put in place to protect the member of staff and the adult at risk involved. Historic Royal Palaces will provide support as appropriate and advise that they may be accompanied by either a work colleague or a TU representative at an investigatory interview. The DSL or Line Manager will keep both the member of staff, the adult at risk and, if appropriate, the family/carer, up to date with regard to timescales of meetings and the procedures being put in place.

If Historic Royal Palaces decides that suspension is necessary, then this will be done on full pay in line with the *Poor Performance Policy - Disciplinary procedure*. Suspension should be considered without delay if it is indicated that:

- A staff member has behaved in a way that may have, or has, harmed a vulnerable adult.
- A staff member has possibly committed an offence against, or related, to a vulnerable adult or child
- A staff member has behaved towards a vulnerable adult/child in a way which indicates they are now unsuitable to work with adults at risk or children.
- The Adult Social Care Department or the police are advising suspension.

No formal internal inquiry can start until the police have concluded their processes.



Agreement should be obtained in writing from the local authority that an internal inquiry can commence.

At each stage the DSL and Safeguarding Sponsor will need to take HR advice, keep the staff member updated (following agreement with the local authority) and keep the adult at risk and, where appropriate, the family of the adult updated, again following the agreement of the local authority.

Notifying the Disclosure & Barring Service and professional bodies

If a staff member is dismissed because of abuse concerns, then Historic Royal Palaces has a legal duty to formally notify the Disclosure & Barring Service (DBS). This also applies if a member of staff resigns as a result of safeguarding concerns being raised. The referral process is fully detailed on the DBS website: <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

If a staff member is dismissed or resigns because of abuse/neglect concerns, then Historic Royal Palaces has a duty to formally notify any professional body the member of staff belongs to.

Training and Implementing Safeguarding Policy and Procedures

The DSL will ensure that the staff, volunteers and the public has access to the policy and procedures and an understanding that the charity has a duty to inform the Adult Social Care department or the Police if there are concerns about abuse. This will be achieved by publishing the policy and procedures on the intranet and HRP's website.

HRP will ensure that all staff and volunteers have access to training and/or awareness sessions as appropriate to their role and responsibilities. This will include training on the recognition of abuse and neglect and how to respond to such concerns.

Line managers will ensure that all new staff, as part of their induction, will be asked to read and understand the procedures this will include an explanation of roles and responsibilities of the individual, the DSL and the Safeguarding Sponsor. Line managers will put in place a process for ensuring all temporary members of staff and volunteers are briefed on the safeguarding procedures as they start in post.

Restraint and physical abuse

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



E-safety

HRP engages with the public online and via digital activities. All digital and online activity will be developed in accordance with the following HRP policies:

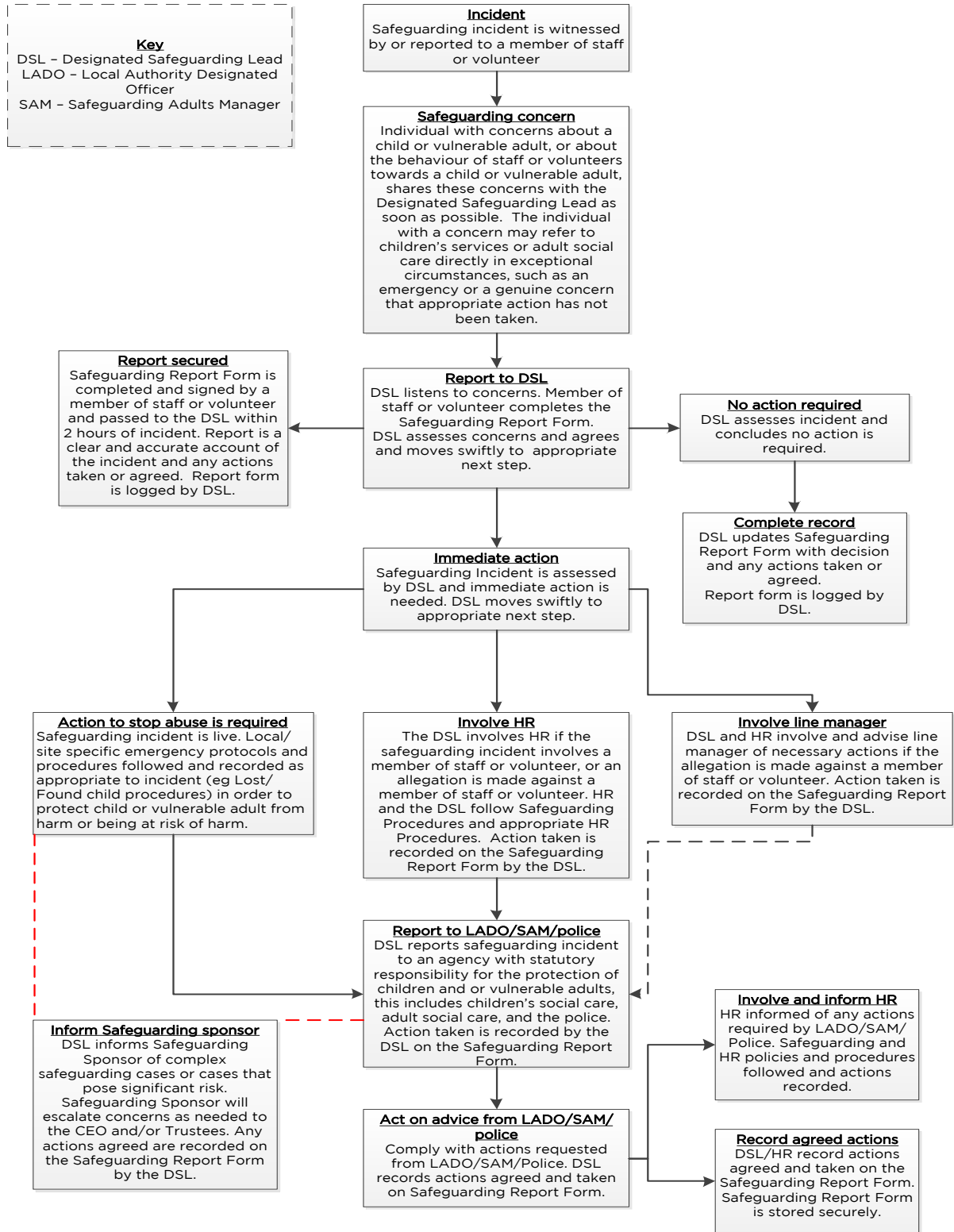
- Use of Information Systems and the Security of Electronic Data
- Use of Office and Mobile Phones
- Use of Mobile Phones
- Information Security
- Data Security
- Sensitive Data Security Policy
- Information Systems Security
- Social Media policy

Policy owner:	Chief Executive
Approved by:	Executive Board
Date policy reviewed:	April 2018
Date Policy to be reviewed	April 2019



Appendix 1:

Raising and Reporting a Concern - Flow Chart



Appendix 2

Definition of cases which are complex or pose significant risk

In this context 'significant' or 'complex' means that the DSL has reported a matter where the actual or suspected concern relates to an actual or suspected perpetrator who is a servant of HRP (employee, volunteer, trustee, contractor), and or where the concern relates to both a Safeguarding and a possible criminal matter, and or where the incident giving rise to the concern has attracted media interest, and or where the concern has attracted official external scrutiny such as the Health and Safety Exec or equivalent. It also refers to a reported concern where a DSL and/ or other servant of HRP will be required to attend a formal Strategy meeting, or where the Children's Social Care Department/ Adult Safeguarding team officially request that the investigation into the concern is undertaken in house by HRP.

Appendix 3

Definitions of abuse and recognising signs and indicators of abuse

Definitions

Adult abuse and neglect are described in the guidance in terms of the following categories:

Physical abuse

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

Domestic Abuse

This is defined as an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. This might include psychological, sexual, financial, emotional and so called 'honour' abuse and forced marriage.

Sexual abuse

Sexual abuse/assault includes the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- They do not want or have not consented to.
- They cannot understand and lack the mental capacity to be able to give consent to.
- They have been coerced into, because the other person is in a position of trust, power or authority (for example, a care worker). They may have been forced into sexual activity with someone else or may have been required to watch sexual activity. Sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are always abusive and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken. A sexual relationship between the service user and a care worker is a criminal offence under Sections 38-42 of the *Sexual Offences Act 2003*.

Psychological/emotional abuse



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

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

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

Financial abuse

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

- Theft
- Fraud
- Exploitation
- Undue pressure in connection with wills, property, inheritance or financial transactions
- The misuse or misappropriation of property, possessions or benefits
- The misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship

Modern Slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use coercion and deception to force people into a life of abuse or servitude. There have been a number of cases tried where the victim has been an adult with learning disability.

Neglect and acts of omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Behaviour that can lead to neglect includes: ignoring medical or physical needs; failing to allow access to appropriate health, social care and educational services; and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional - intentional neglect would result from:

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

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



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

Discriminatory abuse

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, 'race' or ethnic origin. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

Organisational abuse

Organisational abuse is the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk. Institutional abuse can occur in any setting providing health, education and social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

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

The risk of abuse is also greater in institutions:

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

Self- neglect

This is defined as behaviour that results in neglecting to care for one's personal hygiene, health or surroundings and may include such behaviour as hoarding.



Appendix 4

Safeguarding Report Form

Use this form to record any concern about the welfare of a child or vulnerable adult. Before completing the form contact your Designated Safeguarding Lead (details can be found in the Safeguarding policies on the intranet).

If you suspect a child or adult may be at risk of abuse or neglect, or you have received a disclosure of abuse from a child or adult, or you have heard about an allegation of abuse or witnessed abuse, you must report it to the Designated Safeguarding Lead at your location as soon as possible, where possible within 1 hour.

Full name of individual you are concerned about (if known)

If you don't have details of the individual please give any useful information you have - consider whether CCTV or colleagues may be able to help

Date and time of this record

Why are you concerned?



What have you been told, heard or observed, by who and when?

Please give a detailed and clear description, distinguishing fact from opinion and outlining the following:

- anything you have personally witnessed
- information from a third-party that is relevant but as yet unsubstantiated
- anything you have been told by the child or any other person. Be clear about who has said what

If an allegation has been made, give any details.

Have you spoken to the child / vulnerable adult? Yes No

What did they say? Use their own words



Have you spoken to anyone else about your concern? Yes No

Who?

Is this the first time you have been concerned about this individual?

Yes No

Further details

Has any action already been taken in relation to this concern? (for example first aid)

Name and position of the person this record was handed to:

If this record has been handed to anyone other than the DSL please explain why



Date and Time this form was completed:

Date and Time this form was completed and handed to the DSL:

Your details

Full name

Position

Signature

If you have used additional sheets to complete this record of concern please staple them to this form and write the number of additional sheets here.

This form should be completed with the Designated Safeguarding Lead

Action Taken by Designated Safeguarding Lead

Name of DSL

Signature

Date and Time



**Appendix 5 - External and Internal Contact Numbers
Adult Social Care and Police useful numbers**

If the concern is about possibly abusive conduct and behaviour of staff, volunteers, and contractors then the following numbers should be used as relevant to your site:-

BANQUETING HOUSE WHITEHALL

WESTMINISTER

If the danger is immediate, always call the police on their emergency number	999
Safeguarding Adults Referral and Advice Line (office hours)	0207 641 1175
Safeguarding Adults Referral and Advice Line (out of hours)	0207 641 2388
Community Safety Unit (24 hours)	020 7321 9318
Police - Criminal Investigation Department (CID) (evenings and weekends)	020 7321 8565

HAMPTON COURT PALACE AND KEW PALACE

RICHMOND

If the danger is immediate, always call the police on their emergency number	999
Safeguarding Adults Referral and Advice Line (office hours)	020 8891 7971
Safeguarding Adults Referral and Advice Line (out of hours)	020 8744 2442
Community Safety Unit (24 hours)	020 8721 5888/ 020 8721 5889
Police - Criminal Investigation Department (CID) (evenings and weekends)	020 8721 5932/ 020 8721 5933

HILLSBOROUGH CASTLE

If the danger is immediate, always call the police on their emergency number	999
Safeguarding Adults Referral and Advice Line (office hours)	
Safeguarding Adults Referral and Advice Line (out of hours)	
Community Safety Unit (24 hours)	028 9094 4546
Police - Criminal Investigation Department (CID) (evenings and weekends)	



**KENSINGTON PALACE
KENSINGTON AND CHELSEA**

If the danger is immediate, always call the police on their emergency number	999
Safeguarding Adults Referral and Advice Line (office hours)	020 7361 3013
Safeguarding Adults Referral and Advice Line (out of hours)	020 7361 3013 (transferred to Out of Hours service)
Community Safety Unit (24 hours)	020 8246 0226
Police - Criminal Investigation Department (CID) (evenings and weekends)	020 8246 0231

**TOWER OF LONDON
TOWER HAMLETS**

If the danger is immediate, always call the police on their emergency number	999
Safeguarding Adults Referral and Advice Line (office hours)	020 7364 5005
Safeguarding Adults Referral and Advice Line (out of hours)	020 7364 7070
Community Safety Unit (24 hours)	020 7275 4758
Police - Criminal Investigation Department (CID) (evenings and weekends)	020 7275 4772
Tower Hamlets Multi Agency Safeguarding Hub	020 3276 3501

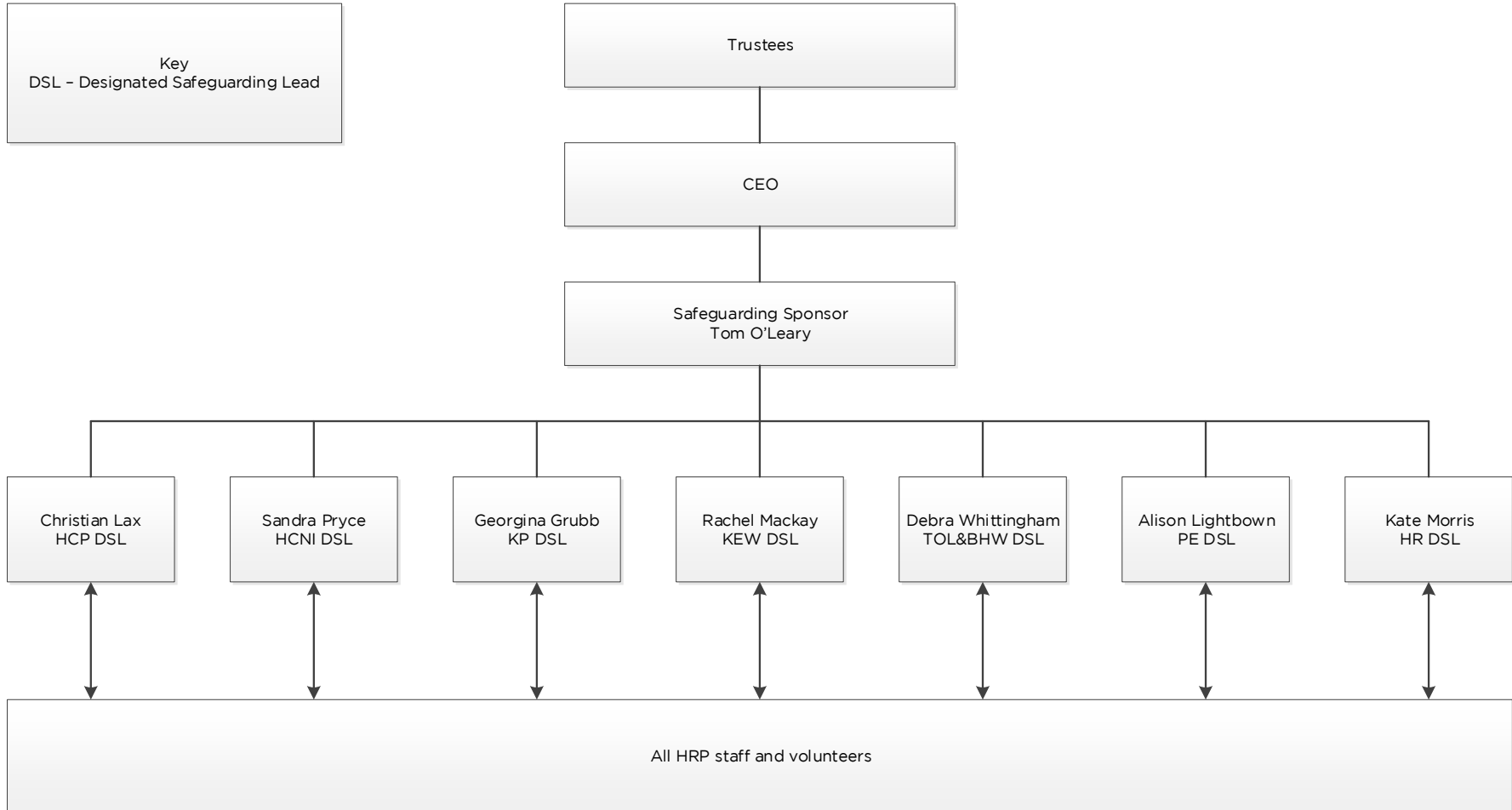


Designated Safeguarding Leads contact details

Site/Area	DSL Name	Contact Details (ext & email)
Hampton Court Palace	Christian Lax	020 3166 6509 Christian.Lax@hrp.org.uk
Hampton Court Palace	Lucy Hutchings	020 3166 6502 Lucy.Hutchings@hrp.org.uk
HR	Kate Morris	020 3166 6169 Kate.Morris@hrp.org.uk
Hillsborough Castle	Sandra Pryce	0289 268 1312 Sandra.Pryce@hrp.org.uk
Kensington Palace	Gina Grubb	020 3166 6125 Georgina.Grubb@hrp.org.uk
Kew Palace	Rachel McKay	020 3166 6143 Rachel.Mackay@hrp.org.uk
Public Engagement	Alison Lightbown	020 3166 6692 Alison.Lightbown@hrp.org.uk
Public Engagement	Lotty Englishby	020 3166 6758 Lotty.englishby@hrp.org.uk
Tower of London and BHW	Debra Whittingham	020 3166 6220 Debra.Whittingham@hrp.org.uk
Tower of London and BHW	James Murly-Gotto	020 3166 6260 James.Murly-Gotto@hrp.org.uk
Safeguarding Sponsor	Tom O'Leary	0203 166 6363 Tom.Oleary@hrp.org.uk



APPENDIX 6 - Everyone's Responsibility Organogram



Appendix 7 Outline to the *Mental Capacity Act* and Safeguarding

Mental capacity

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

This includes their ability:

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

The *Mental Capacity Act 2005* provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves, and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act. The Act says that: ‘... a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance, in the functioning of the mind or brain’.

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

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

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

Principles of the *Mental Capacity Act 2005*

An adult at risk has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise

- Adults at risk must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions
- Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.

Decisions made on behalf of a person who lacks mental capacity must be done in their ‘Best Interests’ and on the basis of a ‘Reasonable Belief’ and should be the least restrictive of their basic rights and freedoms.



Ill treatment and wilful neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the *Mental Capacity Act* and *Mental Capacity Act Code* as outlined above. Section 44 of the Act makes it a specific criminal offence to wilfully ill treat or neglect a person who lacks capacity.

Consent

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

- An activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
- A Safeguarding Adults investigation going ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

The recommendations of an individual protection plan being put in place:

- A medical examination
- An interview
- Certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk.

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

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

Best interest

If an adult at risk lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interests under the *Mental Capacity Act 2005*. This would automatically trigger a Safeguarding Adults referral.

Public interest

If the adult at risk has the mental capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, practitioners have a duty to share the information with relevant professionals to prevent harm to others. This will automatically trigger a Safeguarding Adults referral.

Personal decisions



The adult at risk will have views about what is an acceptable level of risk to them and about balancing the risks in order to maintain the lifestyle or contacts they wish. There may be a balance to be struck between the benefits of achieving safety and the loss of contact with someone whom they value. A person with mental capacity may choose to live in a situation which is seen as unsafe by professionals, if the alternatives they are being offered are unacceptable to them. They do not, however, have a right to make decisions about the protection other people may need where they may also be at risk from the same person, service or setting. Adults at risk need to be able to make informed choices from the information they are given. In order to do this they may need support in a variety of ways such as the help of a family member or friend (as long as they are not the person alleged to have caused the harm), an advocate or IMCA, a language interpreter or other communication assistance or aid.



Appendix 8

Raising an Alert with Adult Social Care Department or the Police Guidance

To raise an alert with the Adult Social Care Department will require a lot of information to be shared. This should happen without delay by telephone. All London local authorities now have forms that will also be required to be completed once the telephone referral has been made. The telephone call will require information sharing, which is detailed in **Appendix 4 – Safeguarding Report Form**.

The **Designated Safeguarding Lead** will inform the Safeguarding Sponsor/Chief Executive or Chair of Trustees as appropriate. The Chief Executive in turn will brief and keep updated the Chair of Trustees as appropriate.

The Local Authority decision to accept or not, the concern of an adult at risk

Adult safeguarding processes have historically evolved out of serious concerns for adults living in institutional settings, therefore an Adult Social Care Department may attempt not to accept the nature of the concern, if the abuse is within a family setting. For example, they may attempt to classify the concern as domestic violence. In such circumstances advice should be carefully recorded and any signposting to other agencies followed without delay.

If the concerns are accepted as an adult at risk:

- If the adult at risk has capacity, the local authority will arrange to speak with the adult to clarify facts and to find out from them what is happening, discuss the concerns and carry out a risk assessment with them. This will establish if they understand the risk and what help they may need to support them to reduce the risk if that is what they want. The local authority will want to be satisfied that the ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation, if they decline assistance.
- If the adult at risk does not have capacity, then their capacity will be appropriately assessed as soon as possible; in safeguarding, this is a process that the local authority will lead on. If it is established that the adult at risk lacks capacity, feedback will be given by the local authority to them and anyone who is acting in their best interests (for example a family member, attorney or court appointed deputy), unless they are implicated in the allegation.

Strategy meetings

The local authority Adult Social Care Department can decide that there is a need for a strategy meeting. It should be anticipated that the **Designated Safeguarding Lead** from Historic Royal Palaces will be invited to attend.

At the meeting the following should be discussed;

- The wishes of the adult at risk
- Whether an investigation will take place, and if so, how it should be conducted and by whom
- A risk assessment
- An interim protection plan
- A clear record of the decisions
- A record of what information is shared
- An investigation plan with timescales
- A communication strategy



- Whether a child (under 18 years) may be at risk - if so there will be a referral to Children's social care.
- The strategy discussion or meeting should take place before any investigation; the exception to this is if a police investigation is required to gather evidence. Historic Royal Palaces should not begin an investigation prior to a decision by the multi-agency strategy meeting or discussion.

Outcomes of strategy meeting

There are a wide range of possible outcomes that can come from a strategy meeting, these include;

- That the police are going to investigate - The alerter and the DSL are likely to be interviewed. (If the concerns relate to a Historic Royal Palaces staff or volunteer then they will also be interviewed by the police and this could be under caution.)
- That the local authority is going to investigate - Again the alerter and the DSL are likely to be interviewed.
- That Historic Royal Palaces lead its own internal investigation - under such circumstances the local authority will require a range of assurances regarding the protection of adults and the robustness of the process being agreed. There will also be an expectation of full, open and transparent feedback to the local authority.

Investigation

Guidance on investigations can be found in *Protecting Adults at Risk: London multi-agency policy and procedures to safeguard adults from abuse produced by the Social Care Institute for Excellence with the Pan London Adult Safeguarding Editorial Board 2011*.

Case Conference

Following any investigation, a case conference is convened by the local authority.

The aim of a case conference is to:

- consider the information contained in the investigating officer's report(s)
- consider the evidence and, if substantiated, plan what action is indicated
- plan further action if the allegation is not substantiated
- plan further action if the investigation is inconclusive
- consider what legal or statutory action or redress is indicated
- make a decision about the levels of current risks and a judgement about any likely future risks
- agree a protection plan
- agree how the protection plan will be reviewed and monitored.

Possible outcomes for the adult at risk

- Increased monitoring
- Removal from property/support, advice, services



- Assessment/services
- Application to Court of Protection
- Application to change appointeeship
- Referral to advocacy service
- Referral to counselling services
- Guardianship/use of Mental Health Act 2007
- Review of self-directed support
- Restriction/management of access
- Referral to MARAC (London based domestic violence units)
- No further action
- Other

