



Safeguarding Adults Policy

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1. Introduction

Richmond Music Trust (RMT) fully recognises its responsibilities for safeguarding adults. This policy applies to all employees, contractors or volunteers (permanent or temporary) of RMT and those people that perform work on behalf of RMT.

RMT believes that the welfare of individuals is paramount and that at all times individuals have a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm.

This policy sets out the roles and responsibilities of RMT staff in working together with other professionals and agencies in promoting adult's welfare and safeguarding them from abuse and neglect. The policy relates to all RMT clients aged 18 years or over, who are experiencing abuse or at risk of abuse. As some clients are parents, this policy should be read in conjunction with the RMT Safeguarding Policy: Children and Young People which reflects the Think Family model (see section 9). Children and Young People (CYP) typically live in families and the guidance in this adult policy equally applies to parents and carers of CYP accessing RMT.

This policy complies with the Care Quality Commission Requirements, the Care Act 2014, the Local Authority Safeguarding Adults Board's guidance and reflects the principles of the Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework 2015, The Human Rights Act 1998 and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007.

RMT recognises that adults who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The services provided by RMT may be an important stabilising element in the lives of adults at risk as it provides a regular secure and predictable experience. It is accepted that adults suffering from abuse may have challenging behaviour or be defiant or they may be withdrawn. RMT will endeavour to support through:

- The content of the instrumental/vocal lesson or music therapy session.
- The ethos of the lesson/session which should promote a positive, supportive and secure environment and gives individuals a sense of being valued.
- Ensuring that individuals know when behaviour is unacceptable, but making individuals aware that they are valued and not to be blamed for any abuse which has occurred.
- Liaising where appropriate with other agencies that support the adult, such as Social Services and Adult Mental Health Services.

This policy sets out the principles of safeguarding adults and gives guidance to staff on what to do if you are concerned for the welfare and protection of a vulnerable adult. This should be read in conjunction with Local Authority Safeguarding Adults Board's guidance which can be accessed via the London Borough of Richmond Upon Thames safeguarding website.

This policy has been developed in line with RMT's principles of Equality and Diversity and is underpinned by the following standards:

- The adult's needs come first regardless of who is the primary RMT client;
- The adult's welfare and safety is everyone's responsibility;
- Staff must work together, understand and appreciate other professionals' roles and responsibilities; and
- No one should be discriminated against on the grounds of age, race, religion or belief, marriage or civil partnership, pregnancy or maternity, sexual orientation, gender reassignment, sex or disability

(the protected characteristics under the Equality Act 2010). In addition, RMT does not permit any discrimination on the basis of a person's culture, cultural background or socio-economic background.

Where English may not be a person's first language, interpreter services must be accessed in order to meet the communication needs of the adult, with details recorded in client notes. In addition, appropriate arrangements must be made for individuals with other communication needs. This may include people who use particular methods to communicate, such as Makaton, or sign language; or those who have specific needs such as hearing induction loops.

2. Key Personnel

RMT Safeguarding Contact Details

Designated Safeguarding Lead (DSL)	Andreas Rosenboom (Head of Music Therapy) andreasr@richmondmusictrust.org.uk 020 8538 3866 01342 825031 (out-of-hours availability))
Deputy Designated Safeguarding Lead (DDSL)	Caroline Peirson (Chief Executive) carolinepeirson@richmondmusictrust.org.uk 020 8538 3866 07946 547855 (out-of-hours availability)

Local Authority Safeguarding Contacts

London Borough of Richmond upon Thames (LBRUT)

LBRUT Safeguarding Adults Team	safeguardingadults@richmondandwandsworth.gov.uk 020 8871 5855
LBRUT Safeguarding Adults Board	sab@richmondandwandsworth.gov.uk
LBRUT Adult and Community Services	adultsocialservices@richmond.gov.uk 020 8891 7971
LBRUT Adult Emergency Duty Team	020 8744 2442

Contact the DSL/DDSL if you need information about Safeguarding Adults Boards in other local authorities

3. Roles and responsibilities

- **RMT Board of Trustees**

- The Board's Safeguarding sub-committee annually review the Safeguarding Policy and recommends any changes to the Board for approval. The sub-committee also responds to immediate safeguarding issues.
- The CEO and DSL are co-opted to the Safeguarding sub-committee and the Board nominates its Chair as their point of contact on safeguarding issues.

- **Chief Executive (CEO)**

- The CEO has overall responsibility for the safeguarding arrangements of RMT, and for the performance of RMT in supporting the work of the local Safeguarding Adults Board. The CEO will be notified of any Safeguarding Adults Reviews or Domestic Homicide Reviews and requirements for representation at the meetings of the Safeguarding Partners for the local authority area. This responsibility may be delegated to other senior managers as required.
- The CEO is responsible for ensuring that the DSL carries out their responsibilities as listed below and for ensuring that all staff receive the appropriate level of training commensurate with their role.

- **RMT's Designated Team for Safeguarding Adults**

- The Designated Safeguarding Lead (DSL) will provide an annual report to the RMT Board of Trustees. Further reports will be provided where appropriate e.g. Safeguarding Adults Reviews.
- The DSL is responsible for linking with the Safeguarding Partners for the local authority area. To share information and provide specialist advice to those networks in respect of services or information provided by RMT.
- The DSL will be responsible for ensuring a high quality service for Safeguarding Adults within RMT and will ensure that expert advice and support is available to all RMT professionals. All referrals to the relevant local Safeguarding Adults Board are recorded on a database.
- The DSL will facilitate and raise awareness of training available in accordance with the Safeguarding Training Strategy (see section 12).
- The DSL will work together with the relevant local Safeguarding Adults Board when a Safeguarding Adults Review is commissioned.
- The DSL should ensure staff have access to safeguarding supervision in cases where complexity, non-compliance, lack of progress, professional disagreement or other factors indicate it's appropriate.

- **All RMT staff**

- All staff must be aware of and follow the legislation and guidance regarding safeguarding adults as stated in this Policy and the relevant local Safeguarding Adults Board procedures.
- All staff must consider, at all times, what is in the best interests of the adult.
- All staff should be alert to the possibility of adult abuse or neglect. If staff members have concerns about the safety or welfare of an adult, these should be referred to the DSL.
- If the DSL or the DDSL is not available to staff, the relevant local Safeguarding Adults Team can

be contacted for advice and guidance. However, all adult safeguarding concerns must still be shared with the DSL.

- If staff feel an adult is in immediate danger, staff must call 999 and inform the DSL.
- All staff delivering outreach services must make sure they are aware of the relevant safeguarding procedures applicable to their client and local area and are in line with the policies of the partner organisation.

4. Definitions

The Care Act 2014 defines safeguarding as:

- *'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.'*

Safeguarding duties apply to a person over 18 years who:

- has needs for care and support (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 their care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect *or*
- is a carer who may be experiencing intentional or unintentional harm from the adult they are trying to support or from professionals and organisations with which they contact.

Abuse

Abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. This includes behaviour towards a person that either deliberately or unknowingly, causes people harm or endangers their life or civil rights.

- Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or appropriate care tasks. Abuse is not just about "poor care" but a failure to tackle issues of poor care could also amount to abuse.
- Anyone can be a perpetrator of abuse. Abuse can occur in any relationship. An individual, a group or an organisation may perpetrate abuse.
- The person who is responsible for the abuse is very often well known to the person abused and could be a paid carer or volunteer, a health worker, social care or other worker, a relative, friend or neighbour, another resident or service user or an occasional visitor or someone who is providing a service.
- It is the responsibility of all RMT staff to recognise, suspected or actual abuse and to take appropriate action in line with the procedures. This includes discussing concerns with the DSL.
- The dignity, safety, and well-being of individuals will be a priority consideration in all activity. Support provided should be appropriate to that person's physical & mental abilities, culture, religion, gender and sexual orientation.

5. Principles

- The Care Act 2014 outlines six key principles which staff must consider in all aspects of safeguarding work:
 - 1) **Empowerment** – Presumption of person led decisions and consent
 - 2) **Protection** – Support and representation for those in greatest need
 - 3) **Prevention** – Prevention of neglect, harm and abuse is a primary objective
 - 4) **Proportionality** – Least intrusive response appropriate to the risks presented
 - 5) **Partnership** – Local solutions through services working with communities
 - 6) **Accountability** – Accountability and transparency in delivering safeguarding

6. Categories and Indicators

- Indicators of abuse often include the misuse of power by one person over another. For example, where one person is dependent on another for their physical care or due to power relationships in society e.g. between a professional worker and a service user, a man and a woman and a person belonging to the dominant race / culture and a person belonging to an ethnic minority.
- There are twelve categories of abuse which may occur alone or in combination, they are:
 - 1) Physical
 - 2) Sexual including sexual exploitation
 - 3) Psychological
 - 4) Discriminatory
 - 5) Financial
 - 6) County Lines
 - 7) Neglect or acts of omission
 - 8) Domestic Abuse including Honour Based Abuse & Forced Marriage
 - 9) Self-Neglect
 - 10) Female Genital Mutilation
 - 11) Modern day slavery
 - 12) Organisational
- An individual, a group or an organisation may perpetrate abuse which can be deliberate or the result of ignorance, lack of training, knowledge or understanding.
- Where a whole service enquiry is identified, an independent clinician/practitioner with appropriate expertise will be commissioned to lead the enquiry. RMT will work in compliance with the Local Safeguarding Adults Board Whole Service Enquiry Guidance.

7. Prevent

- In addition to the above categories, the Department of Health have worked with the Home Office to develop guidance for healthcare organisations to implement the Prevent strategy called “Building Partnerships Staying Safe”.
- The Prevent strategy has been incorporated into the RMT Safeguarding service; it addresses all forms of terrorism including extreme right wing activities but continues to prioritise according to the threat posed to our national security.
- The DSL will ensure clinicians are supported to make appropriate Prevent referrals to the Channel Panel. This panel is chaired by the local authority, working with multi-agency partners to collectively assess the risk to an individual and decide whether an intervention is necessary.

8. County Lines

- The UK Government definitions of county lines and Child Criminal Exploitation (CCE) are: “County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move [and store] the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.
- RMT professional clinicians will complete the Partnership Intelligence Form, where it has concerns that a client may be a victim of County Lines and share information with Police in the public interest to protect both individual patients and the public.

9. Think Family

- The Think Family agenda recognises and promotes the importance of a whole family approach when responding to safeguarding concerns.
- There is a requirement for all staff, no matter who the primary client is, to consider the welfare and needs of **all** those living in the household.
- All initial assessments should establish as a minimum who is living in the same household.
- Where there is a safeguarding enquiry for an adult and there are children in the household, the staff member must consider the child’s welfare and, where required, make a referral to children’s social care. Where a clinician has doubts or concerns about whether to make a referral, they should discuss this with their DSL and document the advice provided in the client’s record.

10. Mental Capacity

- The Mental Capacity Act 2005 provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves. The Act includes a range of principles, powers and services which must be considered as a part of a safeguarding plan for a person lacking capacity who may be at risk of being abused. The Mental Capacity (Amendment) Act 2019 came into force in 2020.
- Where a person who lacks capacity is alleged to have been abused or to have abused another person, consideration must be given to appointment of an Independent Mental Capacity Advocate in line with RMT’s Mental Capacity Act Policy.
- An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocacy introduced by the Mental Capacity Act 2005 and is appointed to support a person who lacks capacity if there are no family members or relevant others to act in their best interests.
- A safeguarding referral must be made in all cases where a person in a care home, residential home or hospital ward (who is not detained under the Mental Health Act 2005) is deprived of their liberty and where a Deprivation of Liberty Safeguards application has not been made.

11. Staff Recruitment

- RMT ensures safe recruitment in checking the suitability of staff and volunteers to work with vulnerable adults.
- RMT is required to comply with the Disclosure and Barring Service (DBS) checks developed by the Home Office in consultation with the Department for Education and the Department of Health and Social Care. The purpose of the DBS is to ensure that unsuitable people do not work with vulnerable adults on a paid or voluntary basis.
- All RMT staff working with children or vulnerable adults will undergo an enhanced DBS check.
- As part of RMT’s safer recruitment process and in accordance with the guidance published in Keeping Children Safe in Education 2023 the social media presence of any short listed applicant will be reviewed prior to employment.
- All job descriptions for new staff contain a statement regarding staff responsibility for adhering to RMT policies on safeguarding children and adults.

12. Training

- All training will comply with the standards and requirements set by the Department of Health Intercollegiate Document Safeguarding Adults: Roles and Competencies for Healthcare Staff (August 2018) in addition to any applicable training strategies published by Safeguarding Partners for the local authority area.
- All RMT staff must receive safeguarding training at the level according to their role as stated within the chart below. The chart shows a framework of training levels underpinned by Agenda for Change Knowledge and Skills framework (KSF) Core Dimension 3 which focuses on maintaining and promoting the health, safety and security of all those who come into contact with RMT services.
- All RMT staff must receive Safeguarding Adults training every three years. Staff receive training at induction, and must access online training within one month of commencing in post. There are a number of different levels of training dependent on the RMT staff role, specialism and contact with service users.
- The training needs analysis chart below details RMT training requirements:

Core Practice	Level	Staff Group	Delivery Method	Frequency of Update
Safeguarding Adults	2	All staff whose employment involves adult provision	E-learning	New staff as per induction Other Staff – 2 yearly
	3	All RMT therapists (including those who supervise clinicians) CEO DDSL	E-learning or face-to-face	2 yearly update
	4	DSL	1 day face-to-face training	2 yearly update

13. Supervision

- RMT is committed to promoting the welfare of our clients and protecting them from harm in all localities, where services are provided and ensuring they receive safe, effective care in accordance with Care Quality Commission (CQC) Regulations; Outcome 7.
- All RMT therapists are required to undergo supervision in accordance with RMT's Supervision Policy. Supervision regarding safeguarding concerns must routinely take place where there are safeguarding cases to ensure the analysis of information is considered and that actions identified are implemented.
- Clinical Supervision offers a formal process of professional support and learning for therapists. It will focus on the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk and protective (resilience) factors involved discussing cases at varying levels of concern from confirmed abuse/high risk indicators, to the cases with very early potential indicators in order to ensure safe practice.
- All RMT staff working with adults where there are identified safeguarding concerns will be offered additional safeguarding supervision and it is the line manager's responsibility to identify where additional support is necessary for staff e.g. during a Safeguarding Adults Review.
- A record of supervision attendance should be maintained by staff and made available for audit purposes.

14. Consent, Confidentiality and Information Sharing

- Good information sharing practice is at the heart of good safeguarding practice. Information sharing is covered in legislation principally by the Data Protection Act 1998.
- RMT Staff should obtain the consent of the client for the sharing of information with any other agency (eg Social Services). Where an individual is unable to give consent staff must follow the requirements of the Mental Capacity Act 2005, the Mental Capacity (Amendment) Act 2019 and the Care Act 2014.
- Staff cannot give assurance of confidentiality where there are concerns about abuse or the risk of significant harm particularly where other people may be at risk of significant harm.
- Disclosure without consent may be justified where:
 - Seeking consent is likely to increase risk to the adult in question or another person.
 - Permission has been refused but sufficient professional concern remains to justify disclosure.
 - Seeking permission is likely to impede a criminal investigation.
 - There is significant risk to others (including children and young people under the age of 18 years).
- Where a person with capacity does not consent to a safeguarding adults referral, consideration must be given as to whether it is in the public interest to breach confidentiality without consent. This will typically occur where there is a risk of physical harm to the person or others.

15. Referrals

- All referrals to the local Safeguarding Adults Board must be in writing. You may telephone your referral to Safeguarding Adults Team but a written copy of the referral on the appropriate referral form must be made and a copy retained in the adult's record.
- If an adult is in immediate danger, staff should call 999 and complete a Safeguarding Adults referral to record the details of the call.
- All referral forms and related correspondence (for example, responses from the local Safeguarding Adults Board) must be uploaded to the adult's record.
- If a current or historical allegation is raised in relation to an adult who is (or has been) working with children or vulnerable adults in a position of trust (such as a clinician, teacher, foster carer or volunteer), then the matter must be reported immediately to the DSL. This must be raised as a referral to Adult social care if the referrer has current details of the person subject to the allegations and the person is known to have access to vulnerable adults who can be identified in the referral (by name, age and address – or by organisation and location if this is a group of children at risk).
- Where a concern is raised about a RMT employee working with adults, the DSL must be immediately informed. They will ensure appropriate liaison with the relevant local authority officer and the RMT CEO.

16. Whistleblowing

- RMT has a whistleblowing policy which is available as a separate document. We recognise the vulnerable adults cannot be expected to raise concerns in an environment where staff fail to do so.
- All staff should be aware of their duty to raise concerns, where they exist, about the management of safeguarding adults, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in RMT's safeguarding arrangements.
- In the first instance concerns should be raised with the DSL, the CEO or the Chairman of the RMT Board. If it becomes necessary to consult outside of RMT, they should speak to the relevant local authority officer for further guidance and support.
- All concerns will be treated in confidence and every effort will be made not to reveal the whistleblower's identity if this is requested.

17. Safeguarding Links with complaints and Duty of Candour

- All allegations of abuse including serious case reviews and domestic homicide reviews must be reported to RMT's DSL.
- Good safeguarding practice requires openness, transparency and trust. There is a legal 'duty of candour' in which staff must explain, (in person and in writing) apologise and advise people, where severe or moderate harm has occurred.

18. Safeguarding Adults Reviews and Domestic Homicide Review

- RMT will comply with the process for Safeguarding Adults Reviews as outlined in the Care Act 2014 and the Home office guidance of Domestic Homicide Reviews 2013 conducted by the Community Safety Partnerships in each borough council.
- Safeguarding Adults Reviews are considered where an adult (over 18 years) has died or sustained a potentially life-threatening injury or serious and permanent impairment of physical and/or mental health and development through abuse or neglect.
- Domestic Homicide Reviews (DHRs) are considered following the death of a person (over 16 years) due to violence, abuse or neglect by a person to whom they were related to, had an intimate relationship with, or was a member of the same household.
- The purpose of the reviews is to establish whether there are lessons to be learned from a case about the way in which local professionals and agencies work together.
- RMT's CEO will be notified of all Safeguarding Adults Reviews and Domestic Homicide Reviews and will forward details to the DSL who will ensure completion of an Individual Management Review. The Individual Management Review must be signed off by RMT's CEO before being sent to the appropriate Review Board.

19. Online Provision

- All online RMT provision is subject to an additional agreement which includes safeguarding guidelines, which must be read and agreed by the client/carer in writing before therapy can start.
- All RMT therapists are required to read and follow additional guidelines set out in the RMT Online Guide relevant to the service they are providing.

20. Photography and Videography

- RMT will always seek consent from the client/carer for photographs/video to be taken or published.
- If RMT employs a professional photographer to photograph/video clients, they will be supervised at all times.
- All RMT images/recordings of therapy clients will be stored securely.

Prepared by:	Caroline Peirson, CEO / Andreas Rosenboom, Head of MT (DSL)
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